

Lifeways Orchard Care Limited

202 Weston Road

Inspection report

202 Weston Road
Meir
Stoke-on-Trent
Staffordshire
ST3 6EE

Tel: 01782342123

Date of inspection visit:
07 August 2018

Date of publication:
12 September 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 7 August 2018 and was unannounced. 202 Weston Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It can accommodate up to four people in one adapted building, split into two floors. There were four people using the service at the time of our inspection.

At the last inspection in January 2016 the service was rated as Good. At this inspection we found the service was now rated as Requires Improvement.

The home was not always maintained in a way that protected people from the risk of infection. Some areas of the home were not clean and had mould present. The kitchen food preparation area had missing tiles which meant that it could not be cleaned effectively.

The providers quality assurance processes were not effective at resolving shortfalls in a timely manner.

There was a registered manager in post although they were absent at the time of the inspection. 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 gave us positive feedback about their experience of living in the home. They told us they were happy, liked the staff and were supported to partake in activities and trips that they enjoyed.

There were sufficient amounts of safely recruited staff to support people and staff understood their responsibilities to recognise potential abuse and to report their concerns.

People's risks had been assessed and there were detailed risk assessments and plans in place to support staff in reducing people's known risks. Medicines were managed safely and action had been taken if things had gone wrong and learning put in place to reduce the likelihood of incidents reoccurring.

People were protected under the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to have food they liked and people were kept safe if they were at risk whilst eating. People had access to other health professionals when necessary and people's health conditions were monitored and there were care plans were in place to guide staff.

Staff knew people well and people had personalised plans in place. People were supported to partake in a range of activities and trips. People had differing ways of communicating and these were planned for and staff knew how to communicate with people. People were supported to make plans for the end of their life and people's preferences were recorded. People were able to complain and a suitable policy was in place.

The management team were approachable and visible in the home. Staff felt supported although the formal systems of supervision required strengthening. The last CQC rating was on display and notifications were submitted as required by law.

We found there were breaches in Regulations of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

The home was not always clean and maintained in a way that protected people.

People could be assured that they would be supported by sufficient numbers of staff who knew what action to take if they felt people were at risk.

Accidents and Incidents were reviewed and appropriate action was taken to minimise the chance of accidents or incidents happening again.

Staff had been subject to appropriate pre-employment checks to ensure they were of a suitable character to work in a care home.

People's medicines were managed safely.

Is the service effective?

Good 

The service was effective.

The principles of the Mental Capacity Act 2005 were followed. People were supported to have maximum choice and control over their lives.

People's diverse needs were considered in the assessment of their needs to enable effective planning of their care.

People were supported to eat and drink sufficient amounts and their nutritional risks were managed.

People's health was monitored and health professionals input was sought where needed.

Is the service caring?

Good 

The service was caring.

People were able to make choices that were respected by staff.

Staff understood people's communication needs and supported people to make choices in line with their individual way of communicating.

People's dignity was maintained and their right to privacy upheld.

Is the service responsive?

Good 

The service was responsive.

People knew how to complain and complaints were managed in line with the provider's complaints policy.

People's care was reviewed to ensure they received care that met their changing needs and was personalised to their specific needs.

People's preferences about the care they wished to receive at the end of their life was actively considered.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

Improvements were needed to ensure that effective systems were in place to monitor the quality of the service and to take action where shortfalls had been identified.

The manager was aware of their responsibilities of their registration with us and informed us of any incidents that had happened at the service. The registered manager worked in partnership with external agencies.

Staff felt able to approach the registered manager and senior management team who were supportive and their performance was monitored.

202 Weston 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.

This inspection took place on 7 August 2018 and was unannounced. The inspection was carried out by one inspector.

We looked at information we held about the service including statutory notifications submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also asked commissioners if they had any information they wanted to share with us about the service.

We spoke with two people who use the service, one relative, five members of staff including the deputy manager and regional manager. We also made observations in communal areas. We reviewed the care plans and other care records for two people who use the service and at the medicine records for some people. We also looked at management records such as quality audits, complaints records and meeting minutes. We looked at recruitment files for four members of staff and at training records.

Is the service safe?

Our findings

People could not be assured that the home was appropriately maintained or protected them from the risk of infection. One person's relative told us, "Some of the décor and some areas of the home could do with updating." There was ingrained mould located in the ground floor bathroom that had been identified in February 2018. However, we saw that during this inspection the mould remained and that the room was in active use by people living in the home. There were chipped and missing tiles from the wall in the kitchen; particularly around the oven and worktop where food was prepared. This meant that not all areas of the food preparation areas could be cleaned appropriately to protect people from the risk of infection. The Regional manager told us that these issues had been escalated to the managing director on a number of occasions however, no action was taken to address them and the provider had not recognised that they meant that the environment that people lived in exposed them to an increased risk of infection.

The home was not able to be cleaned appropriately and this resulted in people being exposed to the potential risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were knowledgeable in the action that they should take to protect people from the risk of harm. Staff were aware of the providers whistleblowing policy and the local arrangements for the management of safeguarding concerns. One member of staff told us "If I ever thought anyone was at risk or had been harmed I would report it straight away. I know how to contact the on call manager or another agency like the Council or CQC." Where safeguarding concerns had been raised staff worked openly and proactively with other agencies to complete investigations and took appropriate action to protect people.

People could be assured that they would receive their prescribed medicines safely. One member of staff told us "We always administer the medicines in pairs to make sure we don't make a mistake. I had training before I gave any medicines and was observed doing it to make sure I gave them to people properly." We reviewed the Medicine Administration Record (MAR) charts and found that these were completed accurately. Staff had received training in how to administer medicines safely and had their competency assessed by senior staff prior to administering people's medicines independently. The deputy manager completed weekly audits of the administration of people's medicines to ensure that these were managed safely.

Action was taken and lessons learnt as a result of accidents and incidents. The provider monitored accidents and incidents and ensured that action was taken to reduce the likelihood of them reoccurring. For example, one person's mobility had been identified as declining and they had fallen a number of times in the home. Staff referred this person for an assessment by an Occupational Therapist who had prescribed exercises for the person to complete to increase their mobility. Staff were able to describe how they monitored this person's safety in the home and supported them to complete their prescribed exercises to reduce the likelihood of them falling.

People's needs were assessed and action taken to reduce people's known risks. People had confidence in the ability of staff to keep people safe. One person's relative told us "I know that the staff keep [Person's

name] safe." People had detailed plans of care to provide guidance to staff in how to reduce people's known risk. We observed that these plans were followed by staff. For example, one person required a specialist diet due to their risk of choking. We saw that staff prepared this person a meal that met their individual needs.

People were supported by sufficient number of staff who had been subject to robust pre-employment checks. One member of staff told us "There are always enough of us working. Even though there has been quite a lot of sickness we have always made sure that the shifts are covered and that there are enough staff working." One person's relative told us "There are always enough staff working in the home. If extra staff are needed to bring [Person's name] home or to a family event then they arrange that for us." We observed that staff had time to interact with people positively and that they took their time to initiate positive engagement with people. All staff were subject to pre-employment checks to ensure that they were suitable to work in the home. Checks were made on staff prior to them starting work, such as an application form, identity checks, checks with the Disclosure and Barring Service (DBS) which is a criminal records check and references.

Is the service effective?

Our findings

Staff had the skills, knowledge and experience that they required to provide effective care and support to people. One member of staff told us "I have done lots of training since I started here. We refresh our training regularly and if we want to do qualifications, we are supported to do this." The provider was in the process of reviewing staff training records and coordinating refresher training for staff in key areas that they required. Throughout our inspection we observed skilled interactions between people and staff. Staff were able to anticipate people's needs and provide active support to enable people to be visible members of their local community and to deescalate people's behaviours to prevent incidents in the home. New staff were supported by a period of induction to enable them to have the skills and experience that they required to work in the home.

People's needs were assessed and their care and support planned to enable people to achieve effective outcomes. One person told us "The staff asked me what help I need and what I enjoy doing." People had detailed assessments of the care needs completed in partnerships with them to enable staff to understand people's preferences and how they wished to receive care and support. People assessments ensured that any barriers to achieving effective outcomes were considered and plans developed to overcome these. Staff also ensured that assistive technology was used effectively in the home. One person had been supported to obtain specialist equipment to alert staff in the event that they suffered a seizure at night.

The MCA 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People's capacity had been assessed for all relevant decisions. A number of people had DoLS authorisations granted and the provider ensured that these were reapplied for prior to their expirations. On a day to day basis people were supported to have choice and control over their daily lives. For example, we observed that people were asked how they wished to spend their time and were supported to complete activities of their choice in the home.

People were supported to eat and drink enough and to maintain a balanced diet. One person told us "The food is nice here. We always get a choice of what we would like to eat." One member of staff told us "We have a rolling four week menu but people are free to choose something different. For example [Person's name] often chooses something that is not on the menu and we make sure its prepared for them." We observed that people were free to choose where they wished to eat their meal and that it was well presented. One person had specific needs related to how their meals were prepared. Staff were knowledgeable in how to prepare this person's meals and had detailed guidance to follow which meant that

this person nutritional needs were effectively managed.

Staff worked well with other professionals involved in people's care to ensure that people received coordinated, effective care and support. For example, staff had worked with a speech and language therapist to review one person's prescribed diet after identifying they were not able to eat their preferred food. Staff worked with the speech and language therapist to develop safe strategies to enable the person to eat their favourite food items. We also observed that staff maintained accurate records of people's care to enable other healthcare professionals to monitor specific conditions effectively.

People had been supported to personalise their bedroom and the home had been adapted to meet people's needs. A specific area of the home was dedicated to provide a space where people could listen to music and use as an area to pursue their interests and hobbies. The home was free from trip hazards and people were able to access all areas of the home safely.

Is the service caring?

Our findings

People and the relatives we spoke to told us that the staff were kind and compassionate. One person told us "All of the staff are nice; we get on." One person's relative told us "The staff are really good with [Name of person], they know them well and really make an effort to spend time with them." Throughout our inspection we observed that staff spent time with people engaging them in meaningful conversation and that they referred to people respectfully and had a genuine interest in how they felt.

Staff knew people well and were able to describe their interests, hobbies and what was important to them. Staff were motivated and supported by the provider to help people pursue their interests and hobbies. For example, one person had a passion for music and staff supported this person to purchase CD's and helped them arrange a specific area of the home where they could listen to their music without impacting on the other people living in the home.

People's feedback about the care and support they received was sought and people were enabled to make decisions about their day to day care. One person told us "the staff always ask me what I would like to do in the day." One member of staff told us "We are very flexible and ask people what they would like to do and arrange how we support them around their choices." People's choices and preferences were detailed in their care records, which matched what people and staff told us. This meant people were given choices and were encouraged to be in control of their care.

People could be assured that staff worked in a way that protected and promoted their privacy and dignity. One person told us "The staff never just come into my bedroom; they always knock first." Staff told us that they always made sure that people's dignity and privacy was protected when they were providing care and support. One staff member said, "I always make sure that I protect people's privacy. For example, I always knock before I go into someone's bedroom and I would always make sure that their bedroom door or the bathroom door was closed if I was helping someone get washed or dressed. We lock away people's personal information too to make sure it is kept private." People's care records were stored in locked cabinets to ensure that people's privacy was maintained. This meant that people's dignity was maintained and their right to privacy upheld.

Is the service responsive?

Our findings

People's care was planned and provided in a way that encouraged and maintained their independence. People's care plans were focussed upon their strengths and enabling people to do as much as possible independently. People were encouraged to be as involved as possible in planning their care to ensure that the way that they were supported matched their preferences. People's feedback was sought on a day to day basis by staff as well as more formally during regular reviews.

People and relatives told us and care records showed that they were involved in the assessment, planning and review of their care. One person told us "I know that I have a file and a plan. The staff use it and know what help I need. One relative said, "We have been involved in the reviews of my relative's care. Any changes we have needed have been made. They are very responsive". Staff knew people's preferences and were able to describe how people liked to be supported to maintain their independence, such as food choices, mobility support and how people liked their care providing. Staff also understood different people's individual routines they liked to follow and people's interests, which helped them to have meaningful discussions. People's care records we viewed detailed how support needed to be provided and were personalised to people's preferred times for their care to be delivered.

People knew what action they should take if they had a complaint and the provider had formal systems in place manage complaints. No complaints had been made about the service. Staff knew people well and recognised when people were unhappy and took action swiftly to ensure that issues did not escalate and this meant that people did not need to make a complaint. There were clear records that showed what people did to show that they were happy or sad and staff were familiar with how people communicated. Relatives told us they knew what to do if they had any complaints about the service. However, they told us there were no complaints about the service, a relative said, "I can't think of how they could improve. I have never made a complaint but would call and speak to the manager or deputy if I ever needed to." There was a complaints procedure displayed and in accessible formats to people at the service.

People using this service were younger adults, however staff had considered their end of life wishes. Where these had been discussed with family members records were available to demonstrate this.

In August 2016, all providers of NHS care and publicly funded adult social care must follow the Accessible Information Standard (AIS). Services must identify record, flag, share and meet people's information and communication needs. The standard aims to make sure that people who have a disability or sensory loss are given information in a way they can understand to enable them to communicate effectively. The registered manager had provided the information people needed in accessible formats, to include easy read versions of documents and the use of pictures and photographs and technology so that people had access to the information they needed in a way that helped them understand their care and make choices about how they lived their life.

Is the service well-led?

Our findings

People could not be assured that the provider's governance systems were effective at monitoring and improving the quality and safety of care they received. In February 2018 an environmental audit was completed by the provider which highlighted a number of areas of improvement that were required in the home; some of which posed a risk of harm to people. However, during our inspection in August 2018 action had still not been taken in response to this audit. We observed that mould was still present in the ground floor bathroom, that kitchen tiles remained missing from the wall and that other actions that had been identified had not been resolved. This issue had been escalated by the management of the service and the regional manager to senior members of staff within the provider however, action has still not been taken to address these shortfalls.

We also saw that other actions identified as part of the provider's quality assurance processes had not been completed in a timely manner. In February 2018 the provider identified that staff supervisions and training required updating. Staff had not always received formal supervision and staff refresher training was required for a number of staff in key areas relevant to their role. Our inspection found that although on a day to day basis staff felt supported and demonstrated that they had the skills and competencies that they required in their role, they had not always received regular formal supervision and that refresher training remained outstanding. This meant that the providers quality assurance processes had not worked effectively at improving the quality of the service.

The above evidence shows that improvements were needed to the way the provider's monitoring systems were carried out. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a manager who was registered with the Commission to manage the service however, they were not currently at work. The service was being managed on a day to day basis by another registered manager from one of the providers other services. People, staff and relatives told us that the management team was visible and that they felt confident in approaching them if they needed to escalate problems or seek advice. One person's relative told us "I would have no qualms in contacting the manager if I needed to. They are very responsive."

The service was focussed upon the needs of the people living in the home and in enabling them to be active members of the local community. One member of staff told us "We are a really good team and work well together. Despite staff sickness we have pulled together to make sure that we support people really well and continue to provide consistent care." The service was working in line with the principles of 'registering the right support'. People were supported to be as independent as possible, their views, values and preferences were respected by staff and people were valued as individuals.

We saw that the registered manager and senior staff had contacted and worked openly with other agencies when required. This included health professionals such as G.P's, hospital staff and consultants. Senior staff had arranged visits for professionals when required to ensure that people's needs were met. We saw records

of these visits were recorded within the care records. This meant that the registered manager worked in partnership with agencies to ensure people's needs were met.

The previous CQC rating was being clearly displayed and the registered manager submitted notifications as required by law.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The home was not able to be cleaned appropriately and this resulted in people being exposed to the potential risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Improvements were needed to the way the provider's monitoring systems were carried out. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>