Orchard Care Homes.com (3) Limited

Appleby

Inspection report

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

We carried out an unannounced visit on 24 October 2014 and a further announced visit was made on 30 October 2014.

The home was inspected on 27 November 2013 when we found they were not meeting regulation 20, records. We carried out a follow up inspection on 19 February 2014 and found the home were meeting this regulation.

Appleby is registered to provide accommodation for up to 55 adults who require nursing or personal care, some of whom are living with dementia. It is a purpose built home near the centre of North Shields. There were 29 people living at the home when we visited.

A new manager had been employed in July 2014 but they were not yet registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like

Summary of findings

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.

Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. During our visit we spoke with five people who used the service and observed their experiences. We also spoke to three visitors, the area manager, the manager, five care staff and two visiting health care professionals.

The provider had policies and procedures in place to help keep people safe and to prevent abuse happening. The staff were aware of the procedure to follow if they observed any abuse within the home.

Checks were carried out prior to staff being employed in the home to help ensure they were suitable to work with vulnerable people.

We saw the premises were well maintained and equipment was checked regularly to help protect people's safety.

At the time of our inspection there were sufficient staff on duty to meet people's needs. The manager told us he had recently recruited two care workers and the home was fully staffed to care for the people who lived at the home. He was in the process of recruiting bank nurses and care workers to cover holiday and sickness in the home.

We looked at the system for dealing with medicines and found that there was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and have told the provider to take action to remedy this. You can see what action we told the provider to take at the back of the full version of the report.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. An emergency application to deprive a person of their liberty had been completed at the time of our inspection. The manager told us that he was liaising with the local authority about DoLS applications which may need to be made.

Menus were varied and a choice was offered at each mealtime. Staff were sensitive when assisting people with their meals and the kitchen staff were aware of special diets which some people required.

Staff told us, and records showed appropriate training was provided and the staff were supervised and supported.

The staff were aware of the needs of the people they cared for and were meeting these needs in a caring manner and were respecting people's privacy and dignity.

We saw information to show that the home made prompt referrals to other health care professionals if required. Activities and outings were provided which people could participate in.

People were aware of the complaints procedure and they felt confident to use it if they needed to.

We looked at eight care records and found people's needs had been assessed but some areas had not been linked to a care plan. We considered improvements were required to ensure staff had good information to meet people's needs.

There were audits and checks carried out by the management team to help ensure standards were met and improvements put in place. The projects manager and manager had identified areas where improvements were required and had comprehensive action plans to address this.

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?

Requires Improvement

Not all aspects of the service were safe.

We found omissions in the system for administering medicines which meant it was difficult to demonstrate that people had received medicines when they needed them.

There were sufficient staff on duty to meet people's needs. Appropriate checks had been carried out to make sure they were suitable to work with vulnerable people.

Staff were aware of the whistle blowing procedure if they had any concerns about practices at the home.

Is the service effective?

Good

The service was effective.

People were supported to access healthcare professionals about their health needs.

People told us they enjoyed the food served at the home and they had choice at mealtimes. People were supported to eat and drink enough to help ensure their nutritional needs were met.

The staff were aware of the MCA and DoLS and people were only restricted if it was in their best interests.

Staff received appropriate training and they felt supported by the management.

Is the service caring?

Good

The service was caring.

People told us they felt they were treated with respect and their dignity was maintained.

We observed staff interacted with people and cared for them in a patient and sensitive manner.

We saw staff listened to people and provided explanations when necessary

Is the service responsive?

Requires Improvement

Not all aspects of the service were responsive.

People's needs had been assessed but some areas which were problematic had not been linked to a care plan, such as promoting continence.

People told us staff were responsive to their needs.

Summary of findings

An activities programme was in place and people were supported to access activities of their choice.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

The manager was not yet registered with CQC.

Various audits were carried out to check the quality of the service provided. We noted however, that these audits did not identify the concerns which we had found with medicines management and care records. We considered that further improvements were required.

Staff felt well supported by the management and people who lived at the home told us the atmosphere was good.

Appleby

Detailed findings

Background to this inspection

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

The inspection was carried out over two days. We visited the service unannounced on 24 October 2014 with an additional inspector, a specialist advisor 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. A further announced visit was made on 30 October 2014 to complete the inspection.

Before we carried out the inspection we checked the information held about the service. We contacted the commissioners of the service, the local safeguarding adults' team and the local Healthwatch group to obtain their views. During and after the inspection we spoke with a range of health and social care professionals to gain their views about the service. These included a community matron, an occupational therapist and a nurse from the psychiatry for old age service.

Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During our visit we spoke with five people who used the service and observed their experiences. We also spoke to three visitors, the project manager, the manager, eight care staff and two visiting health care professionals.

We looked at six care records, eight medicines administration records, accident records and other records held in the home.

Requires Improvement

Is the service safe?

Our findings

People who lived at the home said they felt safe. One person said, “The staff are very good, they do any little thing for you. They ask, do you want this or that? They do it very well.”

The provider had policies and procedures for dealing with medicines and staff who administered medicines had received training. We observed a nurse administering medicines and witnessed the trolley was left open in the lounge whilst the nurse was in the dining room. This was a security risk since people or others could access the unattended medicines trolley.

We looked at the system for dealing with medicines and saw a person had been prescribed a second set of antibiotics for a persistent chest infection. The medicines administration record (MAR) showed there had been a seven hour delay in giving the person their antibiotic medicine which could be detrimental to the person’s health.

We looked at a person’s care record who was prescribed Warfarin (an anti-coagulant medication) which requires careful monitoring as it can cause bleeding, particularly in people over 65. There was no care plan for this. There were notes about bruising in the care record but this had not been linked to the medicine.

We looked at six other MARs and found that some hand written entries were not double signed to prevent errors being made and some medicines had not been administered but no explanation was given for this. This meant people’s health may not be protected. We discussed this with the manager who agreed to speak with the nurse on duty to ensure the discrepancies were rectified to protect people’s health and safety.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

Staff had access to policies and procedures in place to help safeguard people from abuse. The staff on duty told us they had received training with regard to safeguarding vulnerable people. They were aware of the procedure to follow if they observed abuse and the different forms of abuse. They told us they would not hesitate to report any concerns. Comments included, "I would report things to the manager or go higher if I had to,” “I would report bad practice to the manager. If nothing was done I would go to his manager or as high as I could go” and “I would speak up if anything was wrong and I know about the whistle blowing policy and I would definitely use it if I had to.” One staff member told us they would approach the regional manager if the manager of the home did not take action. This meant the provider had taken action to reduce the risk of abuse happening.

There were leaflets containing information about abuse and how to report it in the entrance of the home, so visitors could take one if they wished.

The manager was aware of incidents that should be reported and authorities and regulators who should be contacted. We saw a log book was in place to record minor safeguarding issues which could be dealt with by the provider. The log was then forwarded to the Local Authority safeguarding adults’ team in line with their procedures so they could determine whether appropriate action had been taken.

There had been a recent safeguarding investigation and the manager and project manager were liaising closely with the local authority and other stakeholders. This investigation related to a previous concern and the manager and project manager had taken prompt action at the time to ensure people at the service were safe.

The provider had a safe system in place for dealing with people’s personal allowances and money they deposited in the home for safe keeping. We saw receipts were kept for each expenditure. These were signed by the person who used the service and a member of staff or two members of staff where people could not sign for themselves.

The care records contained risk assessments but we found there were insufficient instructions on how these risks should be managed. For example, some people were at risk of choking but there were no guidelines for staff to follow to prevent this risk. We observed a care worker saying to another, “Be careful with that person, they are prone to choke. We asked five staff what action they would take if someone was choking and some staff were more knowledgeable than others. We felt improvements in first aid procedures were required to protect people’s health and safety. We spoke to the manager who said he would provide refresher training for the care staff.

Requires Improvement

Is the service safe?

We saw from records that the provider had arrangements in place for the on-going maintenance of the building and a 'handyman' was employed. Routine safety checks and repairs were carried out by the handyman on items such as door sensors, the fire alarm, water temperatures and door handles. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances. There were records in place to report any repairs that were required and we saw these were dealt with promptly. We also saw records to show that equipment used at the home was regularly checked and serviced, for example, the passenger lift, hoists and specialist baths.

We saw a fire risk assessment had recently been completed. A contingency plan was in place. This contained information about procedures to follow in an emergency, for example emergency telephone numbers, and temporary accommodation details if people needed to move out due to an emergency situation. The manager had assessed the procedure each person should follow if they needed to vacate the premises. This meant there were arrangements in place to deal with foreseeable emergencies.

We looked at four staff files. These were well organised and there was evidence to show the appropriate checks had been carried out before staff commenced work. These included, identity checks, two written references, one of which was from the person's last employer and Criminal Records Bureau (CRB) checks, now known as Disclosure and Barring Service checks, to help ensure people were suitable to work with vulnerable adults.

We saw application forms which included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people. Health questionnaires and copies of interview questions and notes were also available.

At the time of our inspection there were two nurses and six care workers on duty to care for 29 people who lived at the home. The manager told us he had recently recruited two care workers and the home was fully staffed to care for the people who lived there. He was in the process of recruiting bank nurses and care workers to cover holiday and sickness in the home.

We discussed a recent anonymous concern we had received regarding staffing levels. This was investigated by the area manager who reported that staff shortages were covered by agency staff or maintenance and domestic staff who had completed their mandatory training to enable them to carry out care duties. She told us that these staff volunteered to cover the shifts so the home was appropriately staffed.

At lunch time a number of people were not assisted through to the dining room and were left unobserved for forty minutes. A member of the inspection team had to intervene to prevent a person picking up a heavy chair. Another person who was unsteady on his feet opened the patio doors and walked outside. We considered that improvements were required to help ensure staff were appropriately deployed to protect people's safety. We discussed this with the manager who told us they would speak with the staff team to ensure staff were available to supervise people in communal areas.

Good

Is the service effective?

Our findings

People told us they enjoyed the food served to them. Comments included, "The food is good, they ask what I fancy," "I can manage myself and I get a drink if I want it," "I like everything more or less and I prefer them to help me which they do," "The meals are just right,"I get plenty to drink" and "I could have something else if I asked."

We observed that staff asked people if it was alright to offer them support. For example, a member of staff asked someone it they would like to wear a clothes protector when eating their meal and if they would like their food cut up for them. People told us that staff always asked before they offered assistance. Their comments included, "They always ask before doing anything" and "If they did not ask me before helping me I would tell them. A care worker said, "I ask them first and if they say no, I walk away and go back later."

The CQC monitors the application of the Mental Capacity Act 2005 and the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS is a legal process used to ensure that no one has their freedom restricted without good cause or proper assessment. There was a policy in place which related to people's mental capacity and DoLS. The manager was aware of a court decision which redefined what constituted a deprivation of liberty to make sure people were not restricted unnecessarily unless it was in their best interests. An emergency application to deprive a person of their liberty had been completed at the time of our inspection. The manager was in the process of liaising with the Local Authority to assess whether other applications were necessary.

We saw documents in the care records to confirm that individual mental capacity assessments had been carried out and best interests decisions had been made to ensure that care provided was in the best interests of the person.

The training records showed that staff had received training on fire safety, moving and handling, safeguarding vulnerable adults, food safety, diet and nutrition, health and safety, dementia awareness, dealing with behaviours that challenge and MCA and DoLS. A training matrix was maintained to flag up when training needed to be refreshed and training had been arranged throughout October and November 2014. Some staff had completed end of life training and further training on this subject had been booked at the end of November 2014. We spoke to the nurse on duty who told us she had recently completed training on delirium, end of life care, catheter care and taking bloods. A care worker told us their training was up to date and was able to explain how the dementia awareness training had helped them have a better understanding of people's needs and how to meet these. They also described how they would deal with a person who displayed behaviours that were challenging.

The manager told us that some staff supervision sessions and performance reviews were a month out of date and showed us the programme he had drawn up to ensure they were carried out. Supervision sessions are used to review staff performance, provide guidance and to discuss their training needs. Group supervision sessions had been held to ensure staff received up to date supervision until the rolling programme and individual supervision sessions were up to date. A staff member told us they had not had an individual supervision for a while due to a change in managers but they had received them in the past. The staff we spoke with told us they felt well supported by the new manager.

We spoke to a health care professional who visited the home on a regular basis. They said they felt there was not enough communication between the staff and that the new nurses required more support. They said they had mentioned this to the new manager who was very approachable and he was aware that communication required improvement and he had actions plans in place to address these problems.

We saw referrals had been made to health care professionals where necessary, for example GPs, dentists, the psychiatry for old age service and the speech and language therapy team. One person said, "I once needed a doctor and he came straight away, no messing around."

We observed breakfast being served in one dining room and lunch being served in two dining rooms. Menus were displayed on the tables and the staff also told people about the choice of food available. The food was well presented and people were provided with adapted cups and cutlery to maintain their independence. Staff offered people drinks with their meals. Some people required varying degrees of assistance to eat their food and drink which the staff provided in a sensitive way. For example, a staff member sat with someone and told them what was on

Good

Is the service effective?

their plate before they assisted them to eat. Another staff member asked a person if they required help to cut their food. No one was hurried and the atmosphere in the dining rooms was relaxed. One person told the care worker that she was feeding her too slowly. The care worker immediately apologised. We saw some people were served their meal in their bedroom or other preferred place.

There were food and fluid charts in place where people had been identified as being at risk of malnutrition and dehydration. This meant people's food and fluid intake was monitored and people's weights were checked on a regularly basis so action could be taken when necessary and referrals made to relevant health care professionals

We spoke with the head chef who was aware of the people who required special diets, such as fortified meals and pureed diets. She had completed training in nutrition for older people. She

confirmed that she had access to sufficient ingredients to provide fortified meals and drinks, such as fresh cream and butter. The head chef had also completed training regarding diabetes and was a diabetic champion for the home and was able to monitor blood glucose levels if this was required.

Progress had been made to help ensure the environment met the needs of the people who lived at the home. Memorabilia and pictures had been introduced with which people could relate. For example, pictures of local scenes, film stars, vinyl records and past events. One lounge had been fitted with a bar and was called the Social Club. Another room had been decorated and furnished to look like a tea room.

Good

Is the service caring?

Our findings

All the people we spoke with felt they were treated with respect and dignity and felt they were well cared for. Their comments included, "I can go to bed and get up when I want," "They are lovely, they couldn't be better," "Everybody is very kind", "Oh aye, they are very kind," "Oh yes they know my needs and we all enjoy each other," "Everything is very good. I would tell them if not." and "If I ask for something it is done straight away."

We observed the interactions between the staff and people who lived in the home. We saw staff were patient and assisted people to settle in the lounge. We also observed staff bending down and talking to people so they were at eye level. The care staff on duty were positively engaging with most people who lived at the home and meeting their needs in a sensitive and patient manner.

We saw that staff respected people's privacy and dignity. One person came to the dining room in their nightie. A care worker arrived and put the person's slippers and dressing gown on to respect their dignity. A person complained they were cold and a care worker gave them a blanket to put across their knees.

We saw a care worker discreetly asked a person if they would like an apron on before they ate their meal and explained this was to keep their jumper clean. Another care worker discreetly asked someone if they wanted to use the toilet and assisted them to do so.

There was information displayed in the home about advocacy services and how to contact them. Advocates can represent the views and wishes for people who are not able to express their wishes. The manager told us that no one had an independent advocate as they all had relatives involved.

A comments book was available in the entrance of the home but no comments had been noted. Several compliments and thank you cards had been received by the home not all of which were dated. However, three thank you cards had been received recently and the following compliments were made. "Thank you for the compassionate care you gave X for the last months of his life," "You have always treated Z with the utmost compassion, dignity and care, for that I will be forever grateful" and "Thank you so much for all the care given to Y. You made his final weeks as comfortable as possible. We are so glad we chose to place him in your home. You have all been so kind and supportive."

Is the service responsive?

Our findings

People told us the staff were responsive to their needs. Comments included, "The staff respond to my needs very well, yes very much so." When asked if the staff sat and talked to them one person said, "Yes, all the time. They talk when they are in the room but don't always sit down but they are very nice people. I am very happy."

We saw staff responding to people's needs and call bells were answered as quickly as possible. Staff assisted people to move around the home and they spent time talking to most people. However, we saw that staff did not fully respond and engage with a person whose behaviour was more challenging. We considered that improvements were required to ensure this person's needs were fully met. We spoke with the manager who agreed to address this immediately with the staff team.

The complaints procedure was displayed in the entrance to the home and it formed part of the service use guide which was issued to each person when they came to live in the home. We asked people if they knew how to make a complaint and their comments included, "Everybody is great. If I thought anything was wrong I would be knocking on the door," "If I had a complaint I would go to the manager but it would have to be bad to do that" and "I would go to the manager and it would get sorted."

We asked the staff if they were aware of the complaints procedure and they confirmed they were aware of it and would offer assistance if someone wanted to make a complaint. One staff member said, "If it was something little I would try to rectify it then talk to the nurse on duty or the manager."

The provider had a complaints book in place to record any complaints received, details of the investigation and the outcome. Five complaints had been recorded since the last inspection. We saw the provider had taken action when complaints had been received, for example, someone had complained about the attitude of a staff member. This had been discussed with the staff member and an apology was sent to the complainant.

We spoke to people about the activities available in the home. One person said, "We are taken out in the mini-bus. It's fantastic. We had a lovely day and I had an ice cream" and "I watch TV or read a book."

We saw the activities organiser spending time with people individually. The care records contained some information about people's past history, preferences and likes and dislikes. The activities organiser told us he was trying to expand the information and had started to introduce life story books and was trying to involve relatives as much as possible to gain more information. There were day to day records kept by the activities organiser which stated who he had talked to and what people would like to do. There were also daily sheets to show which activities people had taken part in. These included armchair exercises, walking around the garden, dominoes, playing cards and chatting about news events. The activities organiser told us he booked two entertainers each month to visit the home. Trips out into the community also took place, for example, to tea dances, shops, library, fish quay and other local places of interest.

We looked at the care records for eight people who lived in the home. Every aspect of a person's needs had been assessed but some areas which were problematic had not been linked to a care plan. For example, there were no personalised care plans to promote continence or individual ways to support people who were experiencing distress due to confusion or to maintain their calorific intake. For example, being aware of the best environment for them to eat and to offer finger foods for people who were constantly active and refused to sit at the table. We spoke with the staff on duty who were knowledgeable about people's individual needs and were able to describe how these should be met.

We considered that improvements were required to ensure that care plans contained sufficient information to enable staff to look after people safely.

We discussed the gaps in the care records with the manager and project manager and they were both fully aware of this and a care plan audit was being carried out with support from a manager from a nearby home owned by the provider. During the inspection we observed the manager discussing a person's care record with the nurse on duty and highlighting additional information which was required.

The staff on duty told us that handover meetings were held when shifts changed. They said the nurse passed on information verbally. We also saw notes of the handover sessions but these were brief and did not give the next shift

Is the service responsive?

sufficient information about people's needs. We considered that improvements were required. We discussed this with the manager who was aware of this and had plans to increase the amount of information recorded.

Local Authority and local NHS foundation trust reviewing officers were in the process of carrying out reviews for each person who lived at the home and relatives and other interested parties were being invited to attend. This meant people's needs were being reassessed and staff would be provided with up to date written information about how these should be met.

Requires Improvement

Is the service well-led?

Our findings

A new manager had been employed in July 2014 but they were not yet registered with the CQC. The area manager and a manager from another home owned by the provider, were acting as mentors to support him. They were both present in the home during our inspection and were carrying out audits of the care records to ensure they were up to date.

People who lived in the home told us the atmosphere was good. Their comments included, "Oh yes they are all very happy" and "It is good and happy." When asked if the service they received was good they said they would not like to change anything in the home. One person said, "This place is perfect and everything is fixed straight away."

We spoke with the staff regarding the management of the home. They all felt supported by the manager and felt improvements were being made. Their comments included, "The new manager is a good thing. The staff are happier and if they are happier then the residents will be happier. The manager is very approachable," "The new manager is okay and I feel supported," "The manager is approachable," "You can ask him anything and he will always give you a straight forward answer. If you have a problem he will give you options" and "I think the manager is really good. It's nice to have support and someone to talk to."

There was a service user guide available which provided people with information about the home and the services provided.

Staff meetings were held each month to keep staff updated with any changes and to discuss any issues. Recent meetings had discussed communication within the home, time management, care plans and medicines management. The manager had recently held a meeting with people who lived at the home and their relatives. The people we spoke with were not able to tell us about these meetings but a relative said, "We go to meetings, they would listen and do something."

We saw copies of surveys that were issued to people and their relatives to ask their opinion of the service. The analysis of the results of these surveys was not yet complete but we saw the results of last year's surveys displayed in the entrance to the home.

A newsletter was produced to keep people informed about the home and an open day had recently been held. Adverts had been placed in the local community regarding the open day and inviting people to visit the home to see the service that was provided.

Safeguarding concerns and complaints were reported to the operations manager every week so these could be monitored and any trends identified. Accidents and incidents were checked by the manager to help ensure risks could be assessed and if there were any lessons to be learnt.

Since the new manager commenced work in the home he had worked with the project manager to produce a detailed action plan to introduce improvements. He was currently working through this to implement any changes that were necessary. For example, he intended to carry out competency assessments for the nursing staff and was in the process of reviewing the care plans to help ensure they contained the necessary information.

Various audits were carried out to check the quality of the service provided. The management had identified areas that required improvements to be made and had action plans in place to address these.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **People were not fully protected against the risks associated with medicines because the provider did not manage medicines appropriately.**