Adiemus Care Limited

Wickwar

Inspection report

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Date of inspection visit: 8 and 9 January 2015
Date of publication: 23/04/2015

Ratings

Overall rating for this service	Requires Improvement
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?	Requires Improvement

Overall summary

This inspection took place on 8 and 9 January2015 and was unannounced. There were no concerns at the last inspection of 18 December 2013.

Wickwar provides a service for up to 39 older people. At the time of the inspection there were 32 people living at the service.

There was not 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.

A permanent manager had been appointed and they had applied to register with the commission. They had received an appointment to attend a fit person interview. However due to unforeseen circumstances they were unable to attend and had to take urgent leave of absence. This absence was regularly reviewed and

Summary of findings

supported by the provider for 11 months. The length of time could not have been anticipated. The provider contacted us during the 11 months and notified us of management arrangements during the period of absence. The permanent manager was returning to their post 12 January 2015.

Systems were in place to keep people safe. Staff were knowledgeable in safeguarding procedures and how to identify and report abuse. The provider ensured there were enough staff to meet people's needs. They recognised where a change in circumstances may require a short term increase in staffing levels. Suitable recruitment procedures ensured staff were safe to work in the service.

Staff had the knowledge and skills they needed to carry out their roles effectively. They told us they enjoyed attending training sessions and sharing what they had learnt with colleagues. Staff said they felt supported on a day to day basis however, formal supervisions did not always happen and those they had attended had not always been useful. We have made a recommendation about improving supervisions for staff.

People told us they would like to be involved in menu planning so that it offered more variety. We have made a recommendation about menu planning and involving people. People were supported to eat and drink sufficient amounts. Where people were at risk of poor nutrition or hydration, measures were in place to monitor this. Arrangements were made for people to access healthcare services and receive ongoing healthcare by the nurses working in the service.

People enjoyed receiving visitors and had made “friends” with people they lived with. They were relaxed in each other’s company. Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. Choice and personal preferences were encouraged and supported by staff and people told us they were listened to. One person said, “Every day is different and routines are flexible”.

Although people and staff confirmed care and support was personalised, care plans did not always capture this. Audits in care documentation had identified where improvements were needed. Additional hours had been allocated to address this in addition to care review meetings with everyone who lived in the service.

Staff had found the last year “unsettling” with inconsistent management. Staff said at times “morale had been low but things were improving”. Despite the inconsistencies of management arrangements staff had supported each other as a team. The interim manager told us the staff were “very good and worked extremely hard”.

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 received care from staff who were trained in safeguarding and recognised abuse.

People were supported by enough staff to meet their needs.

People were protected through appropriate recruitment procedures.

People's medicines were being managed safely.

Good

Is the service effective?
The service was effective.

Staff felt supported on a day to day basis. However improvements were required in so that formal supervisions were consistent and meaningful.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005.

People were provided with sufficient food and drink. People said they would like more involvement planning menus.

The service recognised the importance of seeking expertise from community health and social care professionals so people's health and wellbeing was promoted and protected.

Requires Improvement

Is the service caring?
The service was caring.

Staff were caring and kind and supported people that promoted their well-being.

People were treated with dignity, respect and compassion.

Good

Is the service responsive?
The service was responsive.

Staff knew how people wished to be supported so it was meaningful and personalised.

People were encouraged to pursue personal interests and hobbies and to join in the activities and events provided.

People were listened to and staff supported them if they had any concerns or were unhappy.

Good

Is the service well-led?
The service was not well led

Requires Improvement

Summary of findings

The inconsistencies of management and leadership demonstrated that some systems required improvements.

Quality monitoring systems were in place and were used to further improve the service provided.

Wickwar

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 8 and 9 January 2015. The inspection was undertaken by two adult social care inspectors. Prior to the inspection we looked at information about the service including notifications and any other information received by other agencies. Notifications are information about specific important events the service is legally required to send to us.

We conducted a Short Observational Framework for Inspection (SOFI). SOFI provides a framework for directly observing and reporting on the quality of care experienced by service users who cannot describe this for themselves.

During our visit we met and spoke with 11 people living at the home and two relatives. We spent time with the area manager, project manager and interim manager and their deputy. We spoke with 10 staff members. We looked at five people's care records, together with other records relating to their care and the running of the service. This included five staff employment records, policies and procedures, audits and quality assurance reports.

Good

Is the service safe?

Our findings

We asked people and a relative if they felt people were safe and if they were treated well by staff. Comments included, "Yes I feel very safe being here, you don't ever feel you are on your own", "Staff are very kind and I have never seen or heard anyone be unkind" and "It's reassuring to know staff are here to look after you".

Staff said they did everything they could to keep people safe. They demonstrated a good level of understanding about what constituted abuse and the processes to follow in order to safeguard people. One member of staff said, "We understand what we need to do and we have a whistle blowing policy here so that we can report concerns confidentially".

Safeguarding policies and procedures were available and had been updated in November 2014. Information was available for staff about who to contact should they suspect that abuse had occurred. Staff gave us examples of where they would raise a safeguarding alert and the relevant people to contact including the local authority, the Care Quality Commission and the police.

Risk assessments were in place for maintaining skin integrity, safe moving and handling, monitoring nutritional needs and continence. These assessments provided staff the level of risk and gave staff clear instructions of any care or intervention that may be required. Intervention could include a referral for specialist advice for example a dietician or supplying specialised equipment such as pressure relieving aids. One person had been assessed at a "very high" risk of developing pressure ulcers. Staff had followed instructions to help protect this person. The GP, a community specialist nurse and physiotherapist had been consulted, the care plan had been updated and specialised pressure relieving equipment was in place for when this person was seated and in bed.

People felt staff were "generally available" and "sometimes there would be a little wait". Comments included, "I don't wait too long when I use my call bell, I know staff are busy", "If they don't come straight away it's not a problem" and "I'm fairly self-sufficient but when I do need staff they are always there to help me".

Staffing levels were reviewed to ensure they were effective and helped ensure people were safe. They were determined by the amount of support people required. Staff confirmed staffing increased on a short term basis should a person require an increased level of support, for example if their health had deteriorated and they required end of life care.

There were staff vacancies and it had been difficult to recruit into these positions. The interim manager explained that this was largely due to the limited public transport available for people to get to the service. The provider had been considering incentive initiatives to help support recruitment. Permanent staff covered additional shifts wherever possible and the service used one agency to help support consistency of staff. One staff member said, "We have very good staff, we just need to fill the vacant positions. We make every effort to cover shifts and last minute absence. On the rare occasions where we have not been able to do this, we all support each other and do the very best we can".

Recruitment and selection processes helped protect people. Checks had been completed before staff commenced employment, including those with the Disclosure and Barring Service (DBS). The DBS helped employers make safer recruitment decisions by providing information about a person's criminal record and whether they were previously barred from working with adults.

Policies, procedures, records and practices demonstrated medicines were managed safely. A thorough audit of medicines had been completed in December 2014. It had identified areas for improvement where the policy had not been followed. These were areas to improve best practice and not whereby people had been put at risk. We spoke with the deputy manager about the progress of improvements and they gave examples where these had been addressed. This included improvements around effective recording and disposing of stock no longer in use.

Requires Improvement

Is the service effective?

Our findings

Staff confirmed they felt supported during their shifts but supervisions had lapsed. In the absence of the permanent manager the interim manager had set up a revised supervision matrix and all staff had received a recent supervision. As a short-term measure the interim manager had asked staff in senior roles to be the supervisor for an allocated group of staff. Supervisors told us they did not feel comfortable supervising staff and felt they needed further training in this. Staff gave mixed feedback about how useful they had found their recent supervision.

People told us they had enough to eat and drink. They said the food was "good" but they would like more involvement in the choice of food. One person said, "The food is reasonable, the chef tries to make sure we have variety, but the menus come from the head office". The chef confirmed menus were sent to the service and people were not involved in planning the menus at the home.

The menu on the first day of our inspection was either chicken pie or scampi; both meals were served with the same selection of hot vegetables. One person who had the scampi said, "If I had had scampi in a restaurant I would have expected chips and a side salad, not potato, beans and cauliflower". They went on to say, "I miss having a cooked breakfast, having toast all the time is somewhat disappointing". Another person agreed that choice was limited; however they did confirm that on occasions when they had not liked the choices available they asked for an alternative and this was respected.

People told us they were supported by staff who were "very good" and "knew what they were doing". One person we spoke with required daily dressings. They described how they were confident they were in "good hands" and the "nurses know what to look out for". The nurses described the healing process and updated the person on how the wounds were progressing at each dressing change.

There was a varied programme of training every year in addition to the mandatory updates staff received. Staff told us they enjoyed training and having the knowledge and skills to carry out their roles effectively. Staff were alerted if any training updates were required and were given dates that training had been arranged for.

Some training was completed through E learning. This is where staff access and complete learning on a computer. The permanent manager had recognised the importance of ensuring this training was effective for staff. They had extended the E learning to "blended learning". This involved coordinating 1-1 sessions and group discussion following any E learning. Staff would share their level of understanding about the courses and how they would implement this to enhance their roles and the care and support people received.

Care staff had completed nationally recognised qualifications in health and social care and others were in the process of completing this. Nurses were supported to update their skills and knowledge for the roles they performed. This included wound care management and syringe driver updates. Syringe drivers were used to administer medicines continuously through a needle just under the skin. Training updates had been arranged for dementia awareness and end of life care for all staff.

Fifty per cent of staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Dates had been arranged for the remaining staff and all staff would have completed this by March 2015. The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so.

Staff understood its principles and how to implement this within the service. One staff member we spoke with explained their understanding where people did not have the mental capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

For those people who didn't have capacity individual circumstances were being reviewed following a change in legislation and criteria for making an application under DoLS. The appropriate steps were being taken to ensure people were not being unlawfully deprived of their liberty.

The service used a screening tool to determine if people were at risk of malnutrition or obesity. The assessment provided management guidelines which were used to develop a care plan for those at risk. Care plans provided specific details about the level of support people required at mealtimes. Staff were observed following these

Requires Improvement

Is the service effective?

instructions. This included adding a thickener to drinks for those people whose swallow was compromised and were at risk of choking. Staff monitored and recorded food and drink for those people who had been identified at risk. Expert advice had been sought from GP's, community dieticians and speech and language therapists for those people who had difficulty swallowing.

Staff ensured people had prompt and effective access to health care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. People told us they saw their GP when they wanted. People were registered at one of five different GP surgeries. A GP from each of these visited the service every week in addition to emergency requests.

Staff recognised the importance of seeking expertise from community health professionals so that people's health and wellbeing was promoted and protected. They had been supported by the community tissue viability nurses, physiotherapists and specialist nurses in enteral feeding. Enteral feeding refers to the delivery of a nutritionally complete feed which goes directly into the stomach.

We recommend that the service finds suitable training, based on current best practice so that supervisors have the skills to support staff supervisions effectively.

We recommend that the service seek advice and guidance from a reputable source, about supporting people to express their views and involving them in menu planning.

Good

Is the service caring?

Our findings

We spent time in various parts of the service including communal areas so that we could see the direct care, attention and support that people received. The atmosphere was calm; people were relaxed, happy and comfortable in each other's company.

People's views about staff were positive. We asked them and relatives to share with us their experiences. People felt they were "at home" and it was a "nice place to live". Comments included, "It is nice here and the staff are good, they care for me well", "It's peaceful, my room is my own personal space", "They all cheer me up and make me feel special" and "The staff are very kind and respect what I want to do".

Relatives said they were "very happy" with the care provided. Comments included, "Our relative has always commented on how kind and thoughtful the staff are", "Staff always greet us in a friendly way and with a smile" and "I have seen how staff treat people, they are all very different and each one brings something special".

We asked staff for their views about the care that people received and their experiences working in the service. One staff member said, "I have thought about recommending the home for a relative, I can't fault the care". Other comments included, "Staff are kind to people, they want people to be happy and feel like this is their home", "Staff treat people as if they were family members" and "We all want what's best for people, it makes each shift worthwhile".

When we conducted a SOFI there were positive interactions between people and staff and we saw how these contributed towards people's wellbeing. On one occasion a person became worried and anxious. One staff member sat talking with them to ease their anxieties, following which they shared a joke which resulted in the person laughing by the end of the conversation. We later spoke with the staff member about what had happened. They told us they felt it was important to "take people's worries seriously and leave them feeling happier and more at ease".

People had access to call bells to request assistance when needed. We saw people use their call bells to call staff for themselves. On one occasion we saw a person use the bell to summon assistance for another person they thought needed help. Staff responded quickly on each occasion and provided the support needed.

People were treated in a caring and respectful way. Staff were friendly, kind and discreet when providing care and support. Two staff were transferring a person using a hoist, from a wheelchair to a lounge chair. The procedure was dignified throughout. Staff were constantly reassuring this person about what was going to happen next and that they would remain safe. They made sure the person felt comfortable before they left the room.

Independence was promoted wherever possible. Staff told us that dependency levels varied and they respected that people "wanted to do things for themselves". People confirmed they needed help with "small things" for example, putting on hosiery. One person told us, "Staff will willingly help me if I ask but I am able to do most things myself and in my own time".

Staff had a keyworker role to support and enhance a personalised approach. Each staff member had a small group of people and they spent allocated time with each person every month. One member of staff spoke with us about the keyworker role and how this had helped to get to know people. People knew who their keyworker was and said they were able to tell staff if there was anything they needed.

Staff protected people's privacy and dignity. They told us about the importance of knocking on people's doors and waiting to be invited in. Bedroom doors and doors to bathrooms and toilets were closed when people were receiving care. There were signs hung on doors signifying people were receiving care and that it was not a convenient time to enter.

At lunch time those people who could not eat or drink independently were assisted with patience and sensitivity. People were asked if they wanted their clothes protected. Assistance was provided at a gentle pace and staff sat at the same level as the person. Staff explained to people what they were eating, they engaged with the person they were assisting throughout the mealtime and offered drinks.

Good

Is the service responsive?

Our findings

The staff responded to and supported people's individual wishes and personal preferences. Comments from people included "The staff are great and they look after me well", "I am always being asked if I am ok and if there is anything I need" and "This is a lovely place and staff get to know you and look after you well". One person told us about their "typical day" and how they liked to spend their time. They preferred "breakfast in peace, but loved catching up with friends at lunchtime in the dining room". Staff knew people well and said it was "important people made their own choices and decisions".

Assessments took place for those people who were considering moving into the service. The information gathered supported the prospective "resident" to make a decision as to whether the service was suitable and their needs could be met. Information from other assessments for example hospital social workers, were also considered. People confirmed they had been involved in the assessments and they had been supported by family. One person said, "It was a useful process and helped me to make a decision about whether I wanted to live here. It's been eight months now and I made the right decision".

We asked people if they were supported to follow their own interests and take part in social activities. People told us there was "always something going on" and they looked forward to special events. Comments included, "I am looking forward to the milder weather, we need to get out more", "I have certain activities I like to take part in" and "Once the staff encourage me I quite enjoy the odd session". People were enjoying private time in their rooms, we saw them reading, listening to music, watching television and receiving visitors. Other people chose to spend time in communal rooms taking part in an activity or joining "friends" for conversation and company. One person we spoke with was waiting for another person to come and join them for morning coffee and had saved them a chair. They told us, "It's all very civilised, I have little routines and enjoy meeting with people. Equally I like my space and pottering around in my room".

There was a vacancy for an activities coordinator and recruitment was underway. In the interim activities were provided by a senior care staff. These included reminiscence, arts and crafts, exercise classes, group games and individual one to one sessions. Musical entertainers visited the home and other people from the community provided services. This included pet therapy, beauty pamper sessions and art lessons. One member of staff said, "We seem to celebrate everything from red nose day to Christmas day".

Two staff were providing a reminiscence session where they encouraged people to talk about their past experiences. Staff encouraged people to participate in this session by using historic household items and asking open questions. The staff member taking the lead with this activity was enthusiastic and skilled at encouraging people to participate. People seemed to enjoy this session and shared their memories and experiences.

People confirmed they were able to raise any concerns they had and were confident concerns would be acted on. Staff knew how to respond to complaints and understood the complaints procedure. One staff member said, "There are some things I am happy and confident to help with and other things I think should be raised with the nurses or manager".

People were supported to make a comment or complain where they needed assistance. Complaints were formally recorded, along with action taken and feedback given to complainants. One recent complaint was about the poor internet reception at the service. Internet providers had visited the service and discussed options with the interim manager and plans to address this were being considered.

Monitoring and reviewing people's care helped ensure the service could continue to meet people's needs effectively. When it was determined that the service was longer meeting those needs or people had improved and no longer required nursing care the service responded to this. Two people were currently preparing to move to new homes. This had been coordinated in a way that promoted consistency between care providers. This included involvement from social care professionals, assessments and reviews, accurate records and effective communication.

Requires Improvement

Is the service well-led?

Our findings

Despite the management circumstances people still felt "happy living at the home" and "staff always did the best they could". Overall the standard of care and support had been maintained and people remarked on this. Comments included, "The staff work very hard and never let me down", and "I haven't felt that the quality has declined but we do miss the manager", "The deputy has been very good and supportive. I have been told the manager is back next week" and "I'm happy here and it feels like home to me".

Staff confirmed it had been "stressful at times" and that "things had settled over the last few months". One member of staff told us, "The second interim manager has moved things forward and things feel more organised. The manager is back next week and we are positive about this".

In the last 11 months the provider had made arrangements for interim managers and appointed a deputy position. This had helped the general running of the service. However one interim manager, deputy and the area manager had left during this period which meant there had been overall inconsistency in leadership. Previous systems in place which had worked well had slightly lapsed and improvements were required. During this inspection we saw this had been identified by the provider, the newly appointed interim manager and deputy.

We met with the new area manager who would be supporting the service and the phased return back to work for the permanent manager. This included a structure of management support from the area manager, a project manager, a compliance officer and an induction programme.

The interim manager had identified that audits had not always been completed which would have helped identify areas that required improvement. Where audits had been completed, actions had not always been followed up because of the inconsistency in management arrangements.

Robust audits had been completed in December 2014 by the company's compliance officer. These had been based on the commissions Key Lines of Enquiry. The audits contained a good level of detail and written feedback was provided. Action plans had been developed and improvements had been prioritised with dates for completion. Examples whereby action had been taken included improved medicine practices, new cleaning schedules and ordering new equipment.

In addition to this the compliance officer had been completing care documentation audits for each person living in the service. These provided nurses with very clear details of any omissions, out of date information and where more information was required. Some care documentation required improvements. This was attributed to nurse vacancies. Those nurses who were in post had not been able to monitor and evaluate everyone's care documentation. However where there had been significant changes the nurses had updated care documentation to reflect this. As a result of the findings from the care documentation audits, reviews had been arranged with people and their families. Supernumerary hours had been deployed to support this.

Minutes of the meetings evidenced good attendance and that people wanted to be involved and have an influence. Topics of discussion evidenced the purpose of all communication was to enhance practice and quality. This included reviewing individual needs of people, staff updates, what was working well and not so well and training and development.