Care Quality Commission

Ruddington Homes Limited

Orchard House

Inspection report

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Ruddington
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Ratings

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

Overall summary

We carried out an unannounced inspection of the service on 29 October 2015.

Orchard House Care Home provides accommodation to older people in the Nottingham area. It is registered for a maximum of 37 people. There were 34 people receiving care and support at the home at the time of our visit.

There was a manager registered with the Care Quality Commission (CQC). 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 told us they felt safe at the home. They were supported by staff who understood how to report allegations of abuse. Risk assessments were in place to identify and reduce the risk to people's safety. There were sufficient staff in place to keep people safe and medicines were stored and handled safely.

Summary of findings

People were supported by staff who received a comprehensive induction and training programme. Staff told us they felt well trained and supported by the registered manager and they were knowledgeable about the people they cared for.

People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink. External professionals were involved in people's care as appropriate.

People were treated with kindness and compassion and spoke highly of the staff. Staff interacted with people in a friendly and caring way. People's privacy and dignity was protected and they felt able to contribute to decisions made about their care. Arrangements were in place for people to receive support from an independent advocate if they needed one.

People's care records were written in a person centred way that focused on people's wishes and respected their views. Staff responded to people's needs promptly. They encouraged people to participate in activities that were available in the home which reflected their needs. A complaints process was in place and staff knew how to respond to complaints.

People, relatives, staff, and representatives of the local community all complimented the registered manager. People felt empowered to contribute to the development of the service. The registered manager actively sought people's views and acted on them. There were systems in place to monitor and improve the quality of the service provided. The service was led by a registered manager who had a clear understanding of their role and how to improve the lives of all of the people at the service. They had a robust auditing process in place that identified the risks to people and the service as a whole and they were dealt with quickly and effectively.

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 felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Medicines were safely managed.

Good

Is the service effective?
The service was effective.

People received effective care that met their needs. People were supported by staff who were knowledgeable and skilled to carry out their roles and responsibilities. Training and development was reviewed and updated appropriately.

The principles of the MCA were used to determine people's ability to make their own decisions. Staff followed appropriate guidance to ensure people who lacked capacity were not restricted.

People were encouraged to be independent and to make their own choices; where necessary they were supported to have sufficient to eat and drink.

People were supported to maintain good health and had access to healthcare services when they needed them. Referrals were made to healthcare professionals when required.

Good

Is the service caring?
The service was caring.

People were supported to express their views and be actively involved with decisions about their care and support.

People were treated with respect, compassion and in a dignified way by the staff who cared for them. People's privacy was respected.

Good

Is the service responsive?
The service was responsive.

Staff responded to people's changing needs in a positive way.

People participated in meaningful activities and were encouraged to interact with others.

Care plans were reviewed and people were involved with the planning of their care to ensure they received personal care relevant to their needs.

People knew how to make a complaint if they needed to. The complaints procedure was available and the provider responded to concerns when necessary.

Good

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

Good

Summary of findings

There was a visible management presence and people spoke highly of the registered manager. Systems and procedures were in place to monitor and improve the quality and safety of the service provided.

People, their relatives and staff were encouraged to be involved in the development of the service. They had opportunities to voice their views and concerns. There was a positive atmosphere throughout the home.

The service worked well with other health care professionals and outside organisations.

Orchard House

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 29 October 2015 and was unannounced. The inspection team consisted of one inspector 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.

Before we visited we reviewed the information we held about the service including notifications. Notifications are about events that the provider is required to inform us of by law. We also consulted commissioners of the service who shared with us their views about the care provided.

During our visit we spoke with six people who used the service, six visitors, one visiting professional and four members of staff, the deputy manager and the registered manager.

We observed people participating in day to day activities. We looked at the care plans for five people, the staff training and induction records for staff, three people's medicine records and the quality assurance audits that the registered manager completed.

Good

Is the service safe?

Our findings

People were protected from abuse and harm because the provider had systems in place to identify the possibility of abuse and to reduce the risk of people experiencing abuse.

People told us they felt safe in the home. One relative said, "My family member is safe and the staff are lovely here." Another relative told us they felt their relation was safe and that they were confident staff would take care of people living in the home.

The risk to people's safety was reduced as our discussions with staff showed they had a high level of understanding about how they should keep people safe .One member of staff described the process they followed when reporting any concerns. They said they felt confident to report to the local authority and identified who they should report to. All staff we spoke with told us they had attended training relevant to safeguarding others and were aware of the policies and procedures which they were required to adhere to.

The registered manager discussed the process for reporting concerns of a safeguarding nature. This included how to contact the local authority and the Care Quality Commission. There had been no safeguarding concerns raised in the last 12 months. We felt assured that if any issues did arise they would be dealt with.

Individual risks were identified and managed; systems were in place to manage accidents and incidents to ensure they mitigated any risk to people. These systems were monitored on a regular basis to address themes and trends of any incidents that may occur .We found appropriate action was taken when required. We found recorded on relevant care files any injury and accidents that people had received. There was a culture within the home of learning by these incidents to make sure they did not re-occur.

People had their own personal evacuation plans to ensure they were fully supported in an emergency. There was a copy of evacuation plans by each fire exit. This meant staff had easy access to information should an emergency arise, such as an outbreak of fire, and could ensure people were evacuated safely.

Staff supported people to keep safe and to minimise any risk of harm. When people behaved in a way that may challenge others staff managed these situations in a positive way that protected people. We saw triggers for certain behaviours were identified in individual care plans. Staff were aware of the reasons for these behaviours. They sought solutions and different techniques to make sure the care practices they used were free from restrictions, so they could support people safely.

We observed staff assist people to move around the home and to transfer between chairs, wheelchairs and beds. They used suitable equipment when moving people and communicated with each person throughout the task to give reassurance and to make sure they were safe.

We spoke with staff and asked them how they ensured they respected people's rights to take risks if they wanted to. One staff member told us it was the person's choice. They said, "We can only encourage them to make the right choices, but if they choose to take a risk we just need to make sure they are safe."

There were sufficient numbers of staff that were suitable to keep people safe and meet their needs.

People and their relatives told us they felt there were enough staff to meet individual care needs. One person said, "They look after me, and treat me well." We observed staff providing one to one care for people and taking time to discuss their care needs with them. We observed positive interactions between the staff and people who used the service. Staff supported people in a way that showed they were committed to keeping people safe.

Staff we spoke with felt there were enough staff on duty at any one time. One staff member told us the staff all worked as a team and covered any shortfalls, such as holidays or absences, between them. They said the registered manager managed the staff rota to make sure there were sufficient staff on duty at all times. We saw copies of the rota, which identified the number of staff on duty on the day of our visit. The registered manager discussed with us how they managed the staff skill mix on each shift and regularly reviewed staffing levels to make sure they adapted to people's changing needs. They told us they were in the process of advertising for another member of staff to meet people's needs.

Staff confirmed they had been through a robust recruitment process. We found a number of staff had been working at the home for a long time and when new staff had been employed they had been subject to relevant checks to ensure they were suitable to work in the home.

Good

Is the service safe?

Staff files we looked at identified staff had completed an induction and appropriate processes had been followed to help ensure staff employed were safe to care for people in the home.

People's medicines were stored and handled safely and people received them in a safe way. People told us and records we looked at showed that people had been asked how they would like their medicines to be administered. One person said, "I always get my medicine on time." We observed staff stayed with people while they took their medicines and explained to people what their medicines were for and why they were taking them.

Staff confirmed and records we looked at showed they had received up to date medicine training and that there was a named person responsible for completing any audits of medication administration records (MAR) and ordering and disposing of any medicines.

We observed staff completing a medicine round during our visit. Appropriate processes were in place for topical medicines, such as creams for external use. We saw the MAR sheets were completed as and when required. MAR sheets were used to confirm each person received the correct medicines at the correct time and as written on the prescription. Each MAR was identified with a picture of the person, to help ensure they received the medicine that was relevant to them and as prescribed by their GP.

Good

Is the service effective?

Our findings

People received effective care, which reflected their needs, from staff that were knowledgeable and skilled to carry out their roles and responsibilities. People gave positive feedback about their care and support. One person said, "The staff are trained and seem to do their jobs competently and effectively."

Staff confirmed they had opportunities to undertake specialist training or complete the care certificate. The registered manager told us they had two members of staff who had completed the new care certificate. The Skills for Care is a nationally recognised qualification regarded as best practice for the induction of new healthcare assistants and care workers. It also offers existing staff opportunities to refresh or improve their skills. We found staff were knowledgeable about the people they cared for. They were able to describe the support people required and the level of care needed to ensure they received effective care.

Staff told us they received supervision on a regular basis and an annual appraisal of their performance. The registered manager had systems in place to ensure staff were supported and able to share good working practices, which in turn helped to drive improvement within the home. For example the manager observed care being delivered and gave feedback to staff about this. The registered manager kept up to date with new guidance and developments, and had links with organisations that promoted best practice, such as the dementia outreach team. The home used a recognised approach for supporting people living with dementia. It was recorded on each person's care file how staff should provide best effective care to support these individuals. We observed how staff interacted with people at different levels of the illness. This made sure people could effectively communicate their needs and preferences.

The Mental Capacity Act 2005 (MCA) which 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 people 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.

The requirements of the Mental Capacity Act (2005) were adhered to in that when a person lacked the capacity to make some decisions for themselves; a mental capacity assessment and best interest documentation had been completed.

People were supported to eat and drink sufficient amounts and to maintain a balanced diet. People told us they enjoyed the food. One relative told us their relation had a good diet. They asked each person what they would like to eat and offered them a visual choice. If a person had a change of mind or decided they did not want what was offered an alternative of their choice was given.

Staff told us they encouraged people to eat and drink. One member of staff said if they noticed a change in a person's eating habits they would monitor their intake of food and drink. They also told us they would contact the GP if they felt it necessary and update their records. There were instructions on people's care files informing staff of the best ways to ensure each person received sufficient food and drink. Where any concerns were identified food and fluid charts were used to monitor people's daily intake. We observed the lunch period and found people received their food in a timely manner. We saw sufficient staff who offered drinks and supported people with their meals where they required assistance. We observed a member of staff seated with five people positioned so they could stimulate and encourage them to eat. The atmosphere in the dining room was relaxed and staff spoke to each individual in a calm manner.

People were supported to maintain good health and wellbeing and this was supported by having access to healthcare services. People told us they could see a doctor anytime they wanted one. Staff confirmed they worked well with other professionals such as the GP's, dentists and district nurses. One staff member told us the GP called at the home routinely on a weekly basis. Records were made on each person's care file when other professionals had visited them in the home. Staff told us they monitored people's changing needs on a regular basis. Staff were knowledgeable about the people they cared for. One staff

Good

Is the service effective?

member said, “If they take ill or change in any way we would contact the GP. We saw the service took positive action to ensure people were in good health. Referrals were made to external healthcare professionals when required.

A visitor told us how the health of the person they visited had improved after they had been very ill. They said, “This was down to the care and support that had been provided by the home.” The registered manager also gave an example of one person who had been unable to walk and was not eating sufficiently when they first came into the home. This person had since put on weight and was now walking and dressing independently. This showed the care and support provided in the home had made a positive difference to this person. Records we looked at also confirmed people’s health had improved since being at the home.

Good

Is the service caring?

Our findings

People were encouraged and supported to develop positive caring relationships with staff and with each other. They told us they were treated very well by staff. One person said, "They [staff] cannot do enough for you." Two relatives told us the care was 'excellent'. One said, "Staff provides a personal touch with affectionate positive care." Other relatives discussed with us the care their family members received. They told us the staff were very caring and kind. We saw staff greeted people when they walked into a room or passed them in the corridor. They checked that people were all right and whether they needed anything. People were treated with kindness and compassion in their day to day care. We observed staff sitting with people at their level and were engaged in meaningful conversation. Staff engaged with people and visitors and initiated conversations about topical subjects. There was a light atmosphere and lots of jokes and light hearted comments which were received very positively by people using the service. People received care from staff who understood their life history, preferences and needs.

People were supported to express their views and be actively involved with decisions about their care and support. People told us they felt involved in how their care was delivered because the staff always asked them what care they wanted on a daily basis. Care records contained evidence that the person or their relatives had been involved in the development of their care plans. One relative said, "My partner is highly satisfied as they find the staff here very caring."

We saw staff communicated effectively with people no matter how complex their needs were. Staff talked about the recognised approach they used for supporting people living with dementia. They told us this identified how they could communicate with a person, as they knew what level of dementia that person was experiencing. Instructions on each person's care file told staff how they could use different techniques to communicate with the person, for example using flash or picture cards. One staff member talked about using different hand signals, such as 'thumbs up'.

There were details displayed on the notice board in the home about how people could access an advocacy service. Advocacy services use trained professionals to support, enable and empower people to express their views. The registered manager told us they worked with Age UK who provided advocates for people if they need someone to discuss issues with or help them understand issues if they were having difficulty.

Care plans contained information relevant to the person and reflected people's needs, and information about their interests and life history, so staff could talk about what was important to the person. Care plans were reviewed on a regular basis; One person's health had deteriorated and their care plan had not been fully updated in all areas for staff to be informed of these changes. When speaking to staff they told us they were aware the person's needs had changed even though there was limited information that was available in the care plan.

People told us and staff confirmed they were treated with dignity and respect. Two people told us that staff knocked on their bedroom door before entering. Relatives were confident that staff treated their family member with respect. We saw staff knocking on people's doors before entering rooms this showed they were taking steps to preserve people's privacy when attending to their needs. We also heard staff speaking to people respectfully and using their name they wished to be known by. We observed that information was treated confidentially by staff.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We observed staff responding promptly to people when they required assistance or support. One person said, "Staff attends when I press my buzzer." They told us sometimes they [staff] are busy and it can take a little time, but no more than five to ten minutes. A relative said, "[family member] has person centred care, they are looked after by staff." We saw people were seated in the lounge area and staff were making contact and interacting with each person ensuring they were well and alert. People's care and support was written in individualised plans that described how staff should provide support for the person and what they needed to do to provide personalised care.

People, or their representatives were actively involved in making decisions about the way their care was to be delivered and arrangements were made to review their care needs. .One person said, "My needs were assessed when I was at home, before I came to live here. More or less it reflected the care that I wanted." Staff told us they listened to people's choices and everyday decisions. They told us they also took note of people's reactions and body language to make sure they fully understood what they wanted. Care plans were informative and were developed from the initial assessments that were completed before the person moved into the home. Reviews and assessments took place and contained appropriate information and clear guidance for staff to meet people's needs.

Care plans identified aspects of care that people could do independently, while also identifying areas of support. For example if they were able to walk independently, but required assistance with dressing. The registered manager told us they used a dependency tool as part of the care planning processes to help identify how they supported people and responded to their needs. They identified how many staff the person required to support them with each aspect of their care.

Staff told us the care plans were detailed and easy to follow. Information was shared effectively between staff. The staff told us they had handover meetings and handover reports to ensure they had information about how each person had spent their day and any changes in their needs or circumstances.

People were supported to take part in activities. The assessments and reviews of people living with dementia identified different activities that would help stimulate each person's individual needs. We observed all the people participating in some form of activity. For example, one person was painting and colouring and two people were playing dominoes. Other people were helping to make decorations, as the home was preparing for a party on the day we visited. Family and friends had also been invited to attend and share this activity with them.

People and their relatives were complimentary about the home and the service provided. One person said, "This is a lovely home with lovely staff. One person told us they made their own choices about what they wanted to do each day. They said, "I like to read the paper and the home arrange for it to be delivered every day." A visitor told us, "There was always something going on." We saw positive social interactions between people and the staff. Care tasks were an opportunity for staff to connect with the person. For example, staff held people's hands while they spoke with them or gave them a gentle hug if they were feeling lonely or upset. Several visiting relatives told us they were happy with the positive interaction and physical closeness that people received.

Six people and their relatives told us that they would raise concerns informally with staff or managers and would be confident that they would be listened to and get an appropriate response. Staff we spoke with knew how to respond to a complaint. One staff member said, "We would listen to what they had to say and ask them about their expectations. Then we would inform the manager." They said they received feedback on complaints individually.

Guidance on how to make a complaint was made available and displayed in the reception area. There was a clear procedure for staff to follow should a concern be raised.

Good

Is the service well-led?

Our findings

People and their families were actively involved in development of the home. The registered manager told us people and their families had a choice about what happened in and around the home. They told us from meetings they held with people and their relatives they had discussed a garden for remembrance and this had been developed in an area of the garden. The manager said they felt this was a positive approach to support people and their families at the time of loss. A resident and relative meeting was taking place during our visit. This was a meeting for people who used the service and their families to share and voice their views. It was also an opportunity for management to share information and keep people updated about the home. We found the meeting was informative about what was happening in and around the home. Relatives voiced their concern that the conservatory may be affected due to some building work that was taking place. The manager said they would take their concerns back to the senior management team and told us they would report back their response via a newsletter. We observed the manager interacted in a positive way with people, staff and visitors.

Systems were in place for people and their families to feedback their experiences of the care they received and raise any issues or concerns they may have. The registered manager told us they had one to one meetings with people, such as, care reviews or individual discussions that may improve the service provided for them. Monthly relatives meetings took place to ensure everyone had the opportunity to express their views. Management sent out questionnaires, which we saw had been completed. Feedback was positive and complimentary towards the staff and the care they received. One comment said, “Very happy with the home and the care given.” Another said, “Staff keeps me up to date on my relative’s care.” We saw management analysed the information and made changes to the service where appropriate.

People were supported by a registered manager who had made links with the local community, such as local medical centres and churches. People who used the service were able to benefit from the use of these services, because they were able to build relationships with the community nurses, or attend a church service of their choice. If it was not possible for a person to attend the church the manager arranged for them to visit the home. An external professional who visited the home on a regular basis and provided religious services for some of the people living in the home spoke highly of the service the care staff provided and the care and support people received.

People and their relatives commented on how happy they were with the care provided by the home. They told us the management were approachable and that they could speak with a manager at any time should the need arise. The culture of the home was open, honest and focused on individual needs.

The registered manager told us they regularly met with the manager of another local adult social care service to discuss the joint working and to share best practice, for example staff training and care techniques. They told us they discussed the things that worked well and the things that could be improved to help them increase the quality of the service that people received at their respective services.

The provider visited the home and completed environment audits, which covered safety and cleanliness of the premises. Other audits were carried out in the areas of infection control, care records, medication, health and safety, laundry, kitchen and domestic areas. This told us the service was monitored regularly. We saw where action was required this was documented, but appropriate time scales for completion were not recorded.

A registered manager was in post. All staff we spoke with felt the registered manager was approachable and listened to their views or concerns. They told us they had regular supervision. We saw that staff meetings had taken place and the registered manager had clearly set out their expectations of staff. Their roles and responsibilities were discussed, including those of night staff.

Incidents, accidents and complaints were responded to in a timely manner. People and their relatives told us they had no concerns or complaints about the care provided, but they would know who to speak to if they did. We saw that incident and accident forms were completed. Themes and trends were monitored and action taken when required. Staff said if there was a complaint or incident, the registered manager would meet and discuss with staff. They said that they explored ways in which similar issues could be prevented In the future. The registered manager

Good

Is the service well-led?

told us they had not received any concerns in the last 12 months. We saw that safeguarding concerns had been responded to appropriately and appropriate notifications were made to us as required.

The service worked well with other health care professionals and outside organisations to make sure they followed good practice. We noted the service followed their legal obligation to make relevant notification to CQC and other external organisations.