

Lifeways Orchard Care Limited

209 Weston Road

Inspection report

209 Weston Road
Meir
Stoke-on-Trent
Staffordshire
ST3 6AT

Tel: 01782596056

Date of inspection visit:
17 October 2016

Date of publication:
09 November 2016

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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 17 October 2016 and was unannounced. At our previous inspection in November 2015 we had concerns that care being delivered was not always, safe, effective, caring, responsive and well led. We had found the provider in breach of three Regulations of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and asked the provider to improve. Following the inspection the provider sent us an action plan telling us how they planned to make the required improvements. At this inspections we found most improvements had been made, however further improvements were required.

209 Weston Road provides accommodation and personal care for up to six people with a learning disability. At the time of the inspection three people were using the service.

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

Although people were asked about their care, the provider and manager did not always take prompt action to improve when people identified concerns or meet people's requests.

People were safeguarded from abuse as staff and the manager knew what to do if they suspected someone had been abused.

There were sufficient staff to keep people safe. They had been employed using safe recruitment procedures.

People's medicines were administered and stored safely.

Risks of harm to people had been assessed and plans put in place to minimise the risk.

The provider was following the principles of the MCA by ensuring that people were consenting to or were being supported to consent to their care and support.

Staff were supported and trained to be effective in their roles.

People's nutritional needs were met and they received health care support when they became unwell or their needs changed.

People were treated with dignity and respect and their right to privacy was upheld.

People received care that was personalised and met their individual needs and preferences. People were

offered opportunities to be engage in hobbies and activities of their choice.

People's care was regularly reviewed to ensure it met their current needs.

People were involved in decision making about their care and asked their views on the service. People felt able to complain if they needed to.

The manager was respected and had made some improvements to the quality of the service since our last inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by sufficient staff to safely meet their needs and were recruited using safe recruitment procedures.

People's medicines were stored and administered safely.

People were protected from abuse and the risk of abuse as staff knew what to do if they suspected someone had been abused.

Risks of harm to people were assessed and minimized through the effective use of risk assessments.

Is the service effective?

Good ●

The service was effective.

People were being supported to consent to their care and support as the principles of the MCA were being followed.

Staff were supported to fulfil their role effectively with regular supervision and training.

People's nutritional needs were met.

People were supported to access health-care services when their needs changed or they became unwell.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People's privacy was respected and they were encouraged to be independent.

People were involved in their care and were able to make

choices.

Is the service responsive?

Good ●

The service was responsive.

People's care was personalised and met their individual needs and preferences.

The provider had a complaints procedure and people knew how to complain.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Action was not always taken to improve the service or to meet people's requests when required.

The manager was liked and respected by staff and people who used the service.

The provider and manager some had been responsive and made improvements since our last inspection.

209 Weston Road

Detailed findings

Background to this inspection

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

This inspection took place on the 17 October 2016 and was unannounced. It was undertaken by one inspector.

We reviewed information we held on the service including the action plan the provider had sent us following our last inspection.

We spoke with one person who used the service and observed the care of others. We spoke with two members of staff and the operations manager.

We looked at the care records for three people and staff rosters. We checked the medication systems and storage and records the provider had in place to monitor the quality of the service.

Is the service safe?

Our findings

At our previous inspection we found that the provider was in breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The manager told us and we saw that there were insufficient night staff to be able to meet the needs of people safely during the night time hours. Two people who used the service required two staff with their mobility and there was only one waking night staff on duty. This would have meant that people would not have their personal care needs met safely or would not have been able to be safely evacuated from the building in the event of an emergency. Staff told us and we saw rosters confirmed that since our last inspection the staffing levels at night had been increased to two staff. A person who used the service told us: "I feel safe now there is two staff on at night". Staffing levels in the day were based on people's assessed needs and we saw there were sufficient staff to safely care for people and support them with their activities of choice. We saw that when a member of staff was absent through illness or annual leave the provider used agency staff to ensure safe staffing levels. This meant there were sufficient staff to safely meet the needs of people who used the service at all times during the day and night.

Staff were employed using safe recruitment procedures. Pre-employment checks were carried out to ensure that prospective staff were of good character and fit to work. This included the references from previous employers and disclose and barring checks (DBS). DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant.

At our previous inspection we had found that people's medicines were not stored safely. At this inspection we found that improvements had been made and each person now had a locked cupboard in their bedroom where their medication was stored. A locked medication fridge had also been purchased and this was regularly checked to ensure it maintained the correct temperature. Staff had been trained to administer medication and had a key to each cupboard. A staff member told us: "I have not long been observed by the manager giving medication, it was my competency check". Previously protocols for the use of 'as required' PRN medication lacked detail and did not provide staff with sufficient detail to ensure people received their PRN medication when they needed it. We saw the PRN protocols had been reviewed and were clear and comprehensive for staff to follow. One member of staff was able to tell us when one person's PRN medication should be administered as they knew the person's medication care plan and protocols.

People who used the service were protected from abuse or potential abuse as staff knew what to do if they suspected someone had been abused. Staff we spoke with told us they would report any suspected abuse to the manager or on call manager. One staff member told us: "I would tell the manager and I'm sure they would act on it. If I needed to I would whistle blow to you (CQC). We have a whistle blowing policy". The manager had raised safeguarding referrals in the past when there had been incidents of alleged abuse.

Risks of harm to people were assessed and precautions put in place to minimise the risk. We saw two people required support from two staff members with their mobility. There were clear plans and risk assessments to support staff to be able to move people safely. We saw professional advice was sought when people's needs changed and the risk assessments were up dated. We observed staff supported one person to move whilst in

their bed with the use of a slide sheet. Staff told us they had been trained in moving and handling people and we observed they followed the person's risk assessment and they supported the person with moving in safe and dignified manner.

Is the service effective?

Our findings

At our previous inspection we found that the provider was not following the principles of The Mental Capacity Act 2005 (MCA) and was in breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The MCA 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. We found at this inspection improvements had been made and people who lacked capacity to make decisions were being supported with making decisions about their care. We saw there had been decisions about one person's health care needs made following the guidance of the MCA. A best interest decision had been made by the person's GP, representative and other health professionals in relation to eating and drinking. We saw that people's capacity to manage their own money and medication had been assessed and best interest decisions made to ensure that this was done safely and in the person's best interest.

We had previously found that people were being unlawfully restricted of their liberty. 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). At this inspection we found that the manager had referred two people who used the service to the local authority for a DoLS assessment to ensure that any restrictions in place were the least restrictive and in people's best interest. This meant that provider was following the principles of the MCA.

Staff we spoke with told us they were supported to fulfil their roles. They told us they had regular supervision with the manager and had recently had an appraisal. Training was on-going and regularly refreshed. One staff member told us: "I've just completed my moving and handling refresher as we have to do every year and I've asked to do my level two and level three in social care". We observed staff supported people to move and with other care tasks, we saw they were competent in their roles.

People's nutritional needs were met. One person told us: "I choose what I want to eat and go shopping for it". We saw a menu which had been devised with people who used the service. Some people were unable to communicate their likes and dislikes; however staff knew people well and knew their preferences. Two people were on soft diets and thickened fluids as they had been assessed by the speech and language therapist (SALT) as being at risk of choking. We observed that staff thickened these people's fluids to the correct consistency, ensured their food was soft and used the cutlery advised by the SALT and as stated in their individual care plan.

People were supported with their health care needs. One person told us: "If I'm poorly the staff will take me to the Doctor or I can have my tablets for my pain". We saw that when people's health care needs changed the manager and staff sought health care support. For example, people had access to district nurses, community learning disability nurses and occupational therapists when they required it.

Is the service caring?

Our findings

At our previous inspection we had concerns that people were not always treated with dignity and respect. Since the inspection care staff had attended training on values and attitudes and had revisited the dignity and respect policy. We observed staff interacted with people and saw they were kind, caring and patient in their approach to people.

Staff knocked on doors before entering people's bedrooms and spoke with the person whilst entering the room so they knew who was there. When supporting a person with personal care we saw staff ensured the door was shut for privacy. We saw that staff took their time when caring for people who required more support and staff explained what they were going to do before doing it.

Previously we could not see how people who used the service were involved in how the service was run. At this inspection we saw monthly meetings took place with people who used the service and regular reviews of people's care were undertaken to ensure people were happy. People, where they were able to, made choices about their care and support including what to eat and where to go. One person who used the service told us: "I like to spend time in my room but I go into the lounge to watch the soaps, I go where I want to".

We saw people had built relationships with the staff and staff knew people well. One person had put a picture on their bedroom door welcoming back a member of staff who had been away for a period of time. This person told us: "The staff are good to me, they help me".

We saw where possible people were encouraged to be independent. One person was able to get themselves up in the morning in their own time and we heard a member of staff say: "Give me a shout when you need any help". We saw they made themselves a drink and breakfast with minimal support from staff and they told us: "I go for a walk to the post-box twice a day for exercise on my own".

Is the service responsive?

Our findings

At our previous inspection we had concerns that people did not always receive a personalised service that met their individual needs and preferences. At this inspection we found that improvements had been made and people were receiving care that reflected their individual needs. Two people's needs were changing due to them living with dementia. We saw that the manager and staff had responded by ensuring that support and advice was gained to be able to support them during this time. People's care plans were regularly reviewed to ensure that the care being delivered was reflective of their current care needs.

People were encouraged to be involved in hobbies and activities of their choice. One person told us they attended social clubs and met up with friends and they did the food shopping at the local supermarket. Staff knew people well and knew their planned care and they recognised when there was a change in people's needs. One staff member told us: "It all depends on [Person's name] and how they are on the day as to what they do. Sometimes they just need to sleep and another time they will be awake and happy to go out". During the summer there had been day trips. One person told us: "I went to Liverpool docks for the day it was busy and I enjoyed it". They showed us their photographs of day trips and holidays they had been on. Staff told us how they supported people to go on holidays. One person told us how they had planned this year's holiday with staff and were awaiting agreement from the provider for it to go ahead.

One person told us that the staff were helping them plan their birthday tea. They told us they wanted an afternoon tea and they were going to share it with the other people who used the service and invite their family members. They talked to us about plans they had for Christmas and how they had already booked to go to the pantomime on Boxing Day. This showed that people were being supported to engage in activities of their choice and with people they preferred to spend time with.

The provider had a complaints procedure. One person told us: "If I have any problems I would talk to the manager". There had been no recent complaints.

Is the service well-led?

Our findings

At our previous inspection we found that systems the provider had in place to monitor the quality of the service were not effective. We found the provider was in breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made, however further improvements were required.

We found that although people were now being asked their view on the service, action was not always taken to improve the service when they had raised concerns. We saw residents meetings minutes which recorded that one person expressed a dislike to dining alone and dining with staff who had brought in their own food. A member of staff told us: "[Person's name] doesn't like it when we have different food from them; sometimes they think it is nicer than what they've got". We saw this person had brought this up at several meetings, however nothing had been done to address their concerns.

Staff told us they had supported one person to choose a holiday and had completed all the relevant paperwork for it to be agreed by the provider. However they were told it was completed on the wrong paperwork and due to a change in the management the holiday did not get agreed. This meant that the person went without their holiday due to a lack of efficiency in the management system.

Since our previous inspection the provider and manager had made improvements to the service. They had responded by ensuring that there was sufficient staff and safe medication storage. They had followed the guidance of the MCA to ensure that people were being supported to consent to their care and support and staff had received further training to ensure they were effective in their role.

The manager completed audits to check the quality of the service. These included a medication audit and regular reviews of people's care. Accidents and incidents were analysed and inputted into a central system. We saw action was taken to reduce the risk of the incident or accident occurring again following a review of the incident. The provider had completed quality questionnaires with people who used the service and there were copies of these available in a format people would understand.

Staff told us they liked and respected the manager. One staff member told us: "The manager is amazing; she really cares for the people and the staff". The manager supported staff to improve through regular supervision and observations and by providing on-going training.