Care Quality Commission

Sanctuary Care Limited

Orchard House

Inspection report

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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

Orchard House is a service providing accommodation and personal care for up to 35 people, some of whom are living with dementia. There are three units called Pippin, Bramley and Russett. There are external and internal communal areas for people and their visitors to use.

The service had a registered manager in place. 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.

Our last inspection took place on 12 August 2014 and as a result of our findings we asked the provider to make improvements to their record keeping. We received an action plan detailing how and when the required improvements would be made by. During this inspection we found that the necessary improvements had been made and that satisfactory records were kept.

There were 32 people living at the service during this unannounced inspection, which took place on 2 November 2015.

Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment

Summary of findings

checks. Staff were well trained, and well supported, by their managers. There were sufficient staff to meet people's assessed needs. Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm.

People received their prescribed medicines appropriately and medicines were stored in a safe way. People's health, care and nutritional needs were effectively met. People were provided with a balanced diet and staff were aware of people's dietary needs.

The CQC monitors the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We found people's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process. DoLS applications were in progress and had been submitted to the authorising body.

People received care and support from staff who were kind, caring, friendly and respectful. Staff supported people to meet their religious and cultural needs and supported people to maintain relationships.

People and their relatives had opportunities to comment on the service provided and people were involved in every day decisions about their care. Care records were detailed and provided staff with sufficient guidance to provide consistent care to each person. Changes to people's care was kept under review to ensure the change was effective. There were organised activities for people to be involved in. However, there were limited opportunities for people to develop hobbies and interests.

The registered manager was supported by senior staff, care workers and ancillary staff. People, relatives and staff told us the service was well run. People and their relatives said that staff of all levels, including the registered manager, were approachable. People and relatives were encouraged to provide feedback on the service in various ways both formally and informally. People's views were listened to and acted on.

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.

There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns. People were supported to manage their prescribed medicines safely.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

Good

Is the service effective?
The service was effective.

People received care from staff who were trained and well supported. Staff knew the people they cared for well and understood, and met their needs.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People's health and nutritional needs were effectively met. People were provided with a balanced diet and staff were aware of people's dietary needs.

Good

Is the service caring?
The service was caring.

People received care and support from staff who were kind, caring, friendly and respectful.

People and their relatives had opportunities to comment on the service provided. People were involved in every day decisions about their care.

Staff supported people to meet their religious and cultural needs.

Good

Is the service responsive?
The service was responsive.

There were organised activities for people to be involved in. However, there were limited opportunities for people to develop hobbies and interests.

People's care records were detailed and provided staff with sufficient guidance to ensure consistent care to each person.

People had access to information on how to make a complaint. People were listened to and their complaints investigated and resolved.

Good

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

People, relatives and staff told us the service was well run. People were encouraged to provide feedback on the service in various ways.

Good

Summary of findings

The service had an effective quality assurance system. This was used to drive and sustain improvement.

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 unannounced inspection took place on 2 November 2015. It was undertaken by two inspectors 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 our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

We asked for feedback from Cambridgeshire County Council and Healthwatch to aid with our inspection planning.

During our inspection we spoke with six people and two relatives. We also spoke with the registered manager, the regional manager for East Region and six other staff who work at the service. These included care assistants, senior care assistants, team leaders and a cook. Throughout the inspection we observed how the staff interacted with people who lived in the service. We received feedback about the service from a visiting healthcare professional.

We looked at five people's care records and staff training records. We also looked at records relating to the management of the service including audits, meeting minutes and records relating to compliments and complaints.

Following our inspection the registered manager and regional manager sent us further information. This included information on staff training, survey results and audits.

Good

Is the service safe?

Our findings

The people we spoke with said that they felt safe living at the service. One person told us, "I'm very happy and [feel] very safe, I think I'm very lucky to be here". We asked another person what made them feel safe, they said, "Everything, everything they do is good for you."

One person's relative told us their family member was particularly vulnerable because of their severe sensory loss. They told us they felt their family member was safe at Orchard House. They said, "It's the general feel of the place, it does feel like a safe place."

We saw information was available for people and about protecting people from potential harm. This included who to contact if they had any concerns. All the staff we spoke with told us they had received safeguarding training. Staff showed a good understanding and knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff told us, "I'd report to the [registered manager]… but I can report to the local authority too."

Care and other records showed that comprehensive risk assessments were carried out to reduce the risk of harm occurring to people, whist still promoting their independence. These included risks such as poor skin care, being at risk of falls and nutrition. For example, we saw that staff had completed risk assessments in relation to assisting people to move safely. These included information on equipment and the person's ability to understand and communicate their needs and preferences. We saw that the actions in these risk assessments were incorporated in people's care plans that were being followed in order to promote people's safety.

Staff considered ways of keeping the environment safe. For example, equipment such as hoists were stored to ensure there was sufficient space to move around them and not create a hazard. There was clear signage to warn people of hazards and precautions. For example, we saw signs about fire precautions and warning people to beware of slippery surfaces.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. The provider organisation had a health and safety department. They, together with the registered manager, audited incident and accident reports and identified where action was required to reduce the risk of recurrences. For example, we saw that where people had fallen, their risk assessments and care plans were reviewed and updated. This meant staff were provided with up to date information.

The staff we spoke with told us that the required checks were carried out before they started working with people. The checks included evidence of the prospective staff member's experience and good character. One staff member commented on their "long interview" and another told us that they sat a "written test". This ensured that only people who were suitable for the roles were employed.

Most people and their relatives told us there were sufficient staff to meet people's needs safely. One person told us "There's always somebody about, they walk up and down". Another person had their call bell on the table next to them. They said, "I use the call bell all day for assistance to go to the toilet, and at night time. They [staff] come…very quick, [I'm] very happy." One relative told us, "[The staff are] pretty diligent during the day, asking and checking, I think that's pretty well under control." However, another relative said, "From time to time you don't feel there's enough staff – the numbers at times I think are insufficient". They went on to explain, "A couple of weeks ago on Sunday there were only three people on, I just thought the number was insufficient to patrol [the service]."

Staff told us that staffing levels were sufficient to meet people's needs safely. However, they did say they were sometimes very busy but that people always received the care they needed. During our inspection we saw staff responding promptly when people required assistance.

The registered manager showed us that she used a recognised tool to calculate the number of staff required to provide people's care. Rotas showed that the staffing levels met, and often exceeded, those recommended by the staffing tool. This meant there were sufficient staff to provide care safely to people.

People were safely supported with their medicines. One person told us, "[The staff] give me [my medicines] with water, I take them straight away. They're very conscientious about people taking them". Another person said, "They [staff] tell me what I'm taking, they stop there and make sure you take them". Staff told us they had received training to administer medicines and that their competency was assessed. This included the application of people's prescribed creams.

Good

Is the service safe?

We found that medicines were stored securely and at the correct temperatures. Appropriate arrangements were in place for the recording of medicines received and administered. Checks of medicines and the associated records were made to help identify and resolve any discrepancies promptly.

The registered manager had investigated an incident of a small amount of prescribed medicines which had gone missing. They showed us that they had reviewed the system in place for ordering and disposing of medicines to reduce the risk of this happening in the future.

Good

Is the service effective?

Our findings

People and their relatives told us that their, and their family member's, care needs were met. One person told us, "I would describe [the staff] as excellent in every way, they're always there for you no matter what."

Staff members were knowledgeable about people's individual needs and preferences and how to meet these. They had received a thorough induction into their roles. One member of staff told us they had completed moving and handling training before they started work. They then completed e-learning in a range of topics including health and safety, and data protection. They told us they then shadowed an experienced care worker for a week before they provided care on their own. The staff member told us that had they not felt confident at that time the shadowing could have continued with the shadowing until they felt confident and were deemed competent by a manager.

We saw that staff were deployed so that there were sufficient staff with the right skills in each area of the service to meet people's needs. The moving and handling instructor had recently left the service. Staff told us this meant it was more difficult for new staff to be trained in this area. The registered manager told us that they had identified this short fall and taken action to remedy this. We saw that training was planned in this area for the week after our inspection. In the interim we saw that additional thought had been given to rotas to ensure there were sufficiently trained staff in all areas of the service to meet people's moving and handling needs. Staff members told us about the mandatory training programme and additional training they had access to. This included, but was not limited to data protection, fire safety, infection control, and dementia awareness. All the staff we spoke with said they felt well trained and equipped for their roles. One staff member said there was "really good training."

Once staff members had completed their induction they told us they received formal one-to-one supervision sessions with a more senior member of staff. Most staff told us this was a regular occurrence and that they also received an annual appraisal of their work. All staff said they felt well supported.

People's rights to make decisions were respected. People's capacity to make day to day decisions had been assessed by senior staff where appropriate. For example, we heard staff seek consent from people before providing them with personal care. Where people lacked mental capacity to make decisions, they had been supported in the decision making process. This involved people who knew the person well, such as their relatives or other professionals. Staff had documented these 'best interest' decisions. An example of such a decision included when people refused support with their finances.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff spoke knowledgably about this and other staff showed some awareness. The registered manager confirmed they had made applications under DoLS to the supervisory body to deprive some people living at the service of their liberty. At the time of our inspection the authorising body had not made a decision on these applications.

People had enough to eat and drink and told us they enjoyed the food. People were offered a choice of what they would like to eat and drink in a way they could understand. One person told us, "They give you two choices every day, they ask at breakfast time, [I'm having] steak and kidney pie today". People told us that snacks were available. One person commented there were "coffee and biscuits, I don't like fruit. If you want a cup of coffee someone will make it." One relative told us, "They've got their own chef here, the food and drinks a high priority." People and staff told us alternatives were available if people did not want the meal choices on offer.

We observed mealtimes in two dining rooms. During the meal a staff member supported one person to eat and drink. Members of staff were seen to be interacting with people in a kind and appropriate manner throughout. The atmosphere in the dining rooms was friendly and cordial with music playing in the background. Tables were nicely laid with menus, tablecloths, place mats, paper napkins and condiments. Blackcurrant or lemon squash was served to people individually as they required. People chose whether to take their meals in the dining rooms, their bedrooms or the lounges. Staff interacted with people in a kind and appropriate manner, offering and providing support when people required it.

Records showed that people's weight was monitored regularly and action taken where concerns were identified. Where appropriate, advice from health care professionals, such as dieticians and speech and language therapists, had

Good

Is the service effective?

been sought and followed in relation to people's diets. This included where people had swallowing difficulties. Staff members were aware of people's nutritional needs and had been creative in providing foods that people liked and met their dietary needs. For example, one person did not like the nutritional drinks they were prescribed. Staff found they liked a particular food and incorporated the nutritional drinks into these. Food and fluid charts had been implemented for people at risk of malnutrition or dehydration. We saw staff were careful to complete these accurately and that senior staff monitored people's daily intake and took action if this was not reached. This meant people were supported to have enough to eat and drink.

People benefitted from prompt and appropriate referrals to healthcare professionals. One relative told us, "When [my family member] had an eye infection a few weeks ago the doctor came within a couple of hours". A community health care professional told us that staff referred people to them promptly and appropriately.

Staff supported people to access local health care. One person told us, "I see the chiropodist at the health centre, [a staff member] takes me in my wheelchair". Another person said, "One [staff member] came with me to the hospital …they arranged and organised it all."

People's health conditions were monitored. Records showed, and people told us, that healthcare support was accessed when required. For example, GP's, dentists, speech and language therapists and chiropodists. This meant that people were supported with their healthcare needs.

Good

Is the service caring?

Our findings

People and their relatives praised the staff. One person said, "They come and chat with me. If it wasn't for them I'd be dead. I was in another home and I wouldn't eat, I wanted to die. [The staff here are] very good, I can't find fault with the staff. Whatever I want they get. I've no bad words to say about any of the staff, day or night. They always have a laugh with me." Another person told us, "I'm happy to be here and everybody's very kind. They're all lovely people that work here."

The service had also received several written compliments from relatives. One relation wrote, 'I wish to express my utmost and unending appreciation for the constant care and attention [person's name] received…I cannot stress how exemplary were the levels of care [person's name] received at the hands of [the registered manager] and her team. All those who have witnessed the nurturing , kindness, tolerance and sensitivity of the staff have commented on how superb it has been."

The staff we spoke with told us that they would be happy for their family member to be cared for at Orchard House. They told us this was because the staff were so caring. One staff member said, "The carers give 101%." Another said, "The homely feeling attracts people...the care is focused on the person."

We observed kind, caring and friendly interactions between staff and the people living at the service. Staff showed kindness to people and we saw this had a positive impact on people and we saw the person responded by smiling and talking. Staff were polite and addressed people using their preferred name. They initiated conversations and listened when people spoke with them. We saw staff respond quickly and calmly when a person became upset and anxious. Staff showed patience and were encouraging when supporting people. They spoke calmly to people and did not rush them. Staff were knowledgeable about people's needs and interests.

People told us that staff involved them in every day decisions about their care. One person told us, "You can get up when you like really. They put their head around the door and say 'are you ready to get up?' They usually come and help me in my room, I'm quite happy."

We saw that people could choose where to spend their time and take their meals. Several people chose to spend time in their bedrooms, while others preferred the communal areas of the service.

There were clear signs around the service to help people find their way. There were large signs showing images of a toilet, bath and shower on the appropriate doors in all the communal areas. There were memory boxes, containing things that were meaningful to the person outside people's bedrooms. This helped people to easily recognise which was the door to their room.

Staff supported people to meet their religious and cultural needs. For example, one person told us, "The staff said would I like to go to a church service and I said yes please, and somebody comes to get me and brings me back."

We saw information around the service about various external support services. For example charities who could provide information on various medical conditions and how to access advocacy. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

People told us that they felt their privacy and dignity was maintained and that they were treated with respect. We also saw examples for this. For example, we saw staff knocking and waiting before entering people's rooms. People told us staff always closed the doors when they were assisting them with personal care. One person told us, "[The staff] always cover up what I'm doing when I wash myself". A relative said, "[My family member's] not lost their dignity, [they are] still the person, being treated as the person."

Good

Is the service responsive?

Our findings

People, and or their family members, said that staff met people's care needs.

People's care needs were assessed prior to them moving to the service. This helped to ensure staff could meet people's needs. Care records were detailed and included guidance for staff to follow so they could provide care safely, consistently, and in the way each person preferred. Examples included guidance on assisting people to move, eat and maintain their skin integrity.

We found that staff were knowledgeable about people's needs and preferences. Staff told us that where possible, they involved people and, where appropriate, their relatives, in writing care plans. One person told us, "I haven't actually seen [my care plan] but I know they have got one. My son gets information as well." Staff told us people's care plans were accurate and updated promptly, but stressed the importance of checking with people that this was still how they wanted their care provided.

Staff recorded changes in people's condition and the care they had received each day. We saw that care records had been reviewed regularly to ensure that they reflected people's current needs.

There were organised activities for people to be involved in. The provider employed an activities co-ordinator who had put together a programme of events for people to join each morning and afternoon. These were advertised and included 'music in the lounge', 'movie and popcorn' and church services. We noted that some of these events were linked to the seasons for example, Halloween crafts. There was also a day centre adjacent to the service that some people chose to attend and there were occasional evening events with an entertainer.

Some people described very positive experiences of how they spent their days. One person told us that a staff member accompanied them on a shopping trip into the town twice a week. People told us they enjoyed seeing staff members' pets. During our inspection one staff member brought their dog into the service, which people clearly enjoyed.

However, there were limited opportunities for people to develop hobbies and interests. When we asked people how they spent their day, one person told us, "I read a lot, my friend's ever so good, [they] bring me magazines." Another person said, "I think [there were] gentle exercises in the lounge up to a week or two ago." A third person told us, "I've got puzzle books I can sit and do." Staff told us that they try to engage people in "simple housework" such as tidying drawers. They told us that people "like to feel needed."

During our inspection we saw people three sitting unoccupied in one lounge. The television was on but no-one was watching it. One person repeatedly got up and left the lounge. Staff assisted them back to their chair and sat with them for a short period of time until the person appeared to settle. However, when the staff member left, the person very soon got up and left the room again. There was no attempt by the staff members to provide any stimulation or anything of interest to occupy this person and that this was a missed opportunity by staff. Following our inspection, the regional manager informed us that they had arranged for staff to receive further training in the next six weeks to help improve people's experience in this area.

People told us that they were encouraged to maintain existing friendships and relationships. Visitors were encouraged into the service and any time. One person commented that staff had offered to accompany them to a family event when they received an invitation.

People and their relatives said that staff listened to them and that they knew who to speak to if they had any concerns. Everyone we spoke with was confident the registered manager would listen to them and address any issues they raised. One person told us, "I'm sure [staff] would [listen]. They're very kind. They listen if you've got anything you want an answer to." The people we spoke with told us they had not felt the need to complain about anything at the service. The complaints procedure was available throughout the service and staff had a good working understanding of how to refer complaints to senior managers for them to address. We saw the registered manager had thoroughly investigated complaints they received and responded appropriately to the complainant, taking action where necessary.

Good

Is the service well-led?

Our findings

We received positive comments about the service from the people and relatives spoken with.

A registered manager was in post. They were due to take one year's leave from December 2015. The provider had appointed a temporary manager to cover this leave. The regional manager told us they expected the temporary manager to register with us for this period. The registered manager was supported by team leaders, senior care worker, care workers and ancillary staff. Staff were clear about the reporting structure in the service. From discussion and observations we found the registered manager and staff had a good knowledge and understanding of the care needs and preferences of the people supported by this service.

The registered manager also sought feedback from people in various ways. This included hosting meetings for people and relatives to attend. These provided an opportunity for people to air their views. We saw the dates the next meetings were advertised around the service.

The provider had asked people receiving a service to participate in a survey about their views of the service they received. The 27 people that responded all said they felt the service was well run by the registered manager. Responses overall were very positive with everyone saying they were happy with the care they received. Where the responses showed that improvements could be made, the registered manager had put an action plan in place to bring about improvement. For example, six people said there were not enough activities, seven people said there was not sufficient variety of activities and four people said the activities on offer did not meet their needs. The registered manager provided us with an action plan which included these areas.

The provider and registered manager had a comprehensive business continuity plan in place. This provided clear guidance for staff in the event of emergencies including power failure and adverse weather. All the staff we spoke with were familiar with the procedures available to report any concerns within the organisation. They all told us that they felt confident about reporting any concerns or poor practice to more senior staff including the registered manager. They all said they felt able to question practice, both formally through staff meetings and supervisions, or more informally. The staff we spoke said they enjoyed their jobs and felt supported by senior staff and the registered manager to meet people's needs. One staff member told us the registered manager was particularly supportive and was, "A very good manager." Where staff had not followed the provider's policies we saw the registered manager used the provider's policies to take action to bring about improvement.

The quality of people's care and the service provided had been monitored in various ways. These included, but were not limited to, monthly audits of medicines, infection control, skin care and accidents. We saw that the registered manager acted on information raised in these audits to improve people's experience. For example, the audit of accidents service showed that one person was experiencing falls at a similar time of day. The person's care, including their continence needs, was reassessed. The person's care plan then was amended so that staff provided assistance to the person to access the toilet earlier than they had previously. This resulted in a significant reduction in the number of falls the person experienced.

Links with the local community were encouraged. For example, church groups and the health centre. People also told us they were supported to visit the local shops when they wished. The registered manager told us that the provider ran a 'Kindness Award.' This was an award that was given to a member of staff and a person using the service each month. We saw that the last person to receive this award was given it for 'showing kindness to another person when they were showing signs of worry.' This meant that kindness was recognised and celebrated within the service.

Records we held about the service, records we looked at during our inspection and our discussions with the registered manager confirmed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.