

Adiemus Care Limited

Great Horkesley Manor

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Great Horkesley Manor provides accommodation and personal care for up to 73 older people. Some people have dementia related needs.

The inspection was completed on 14 November 2014 and there were 54 people living at the service at the time.

A manager was in post but they were not registered with the Care Quality Commission. 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.

The last inspection on 28 May 2014 found that the provider was not meeting the requirements of the law in relation to the care and welfare of people who used the service, quality assurance, the management of medicines and staffing. An action plan was provided to us by the

Summary of findings

provider on 14 July 2014. This told us of the steps taken and the dates the provider said they would meet the relevant legal requirements. During this inspection we looked to see if these improvements had been made.

People told us that if they had any concerns they would discuss these with staff on duty. Although people told us that they were confident that their complaints or concerns were listened to, taken seriously and acted upon, complaints had not been fully investigated.

Effective arrangements were not in place to demonstrate that where safeguarding concerns were raised these had been responded to appropriately.

People and their relatives told us the service was a safe place to live. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and other's safety.

Staffing levels were appropriate to meet the needs of people who used the service.

The management of medicines was suitable and people received their medication safely.

People's healthcare needs were well managed and we found that the service engaged proactively with health and social care professionals.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected.

The DoLS are a code of practice to supplement the main MCA code of practice. Where people lacked capacity to make day-to-day decisions about their care and support, we saw that decisions had been made in their best interests. The registered manager was aware of recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were working with the local authority to make sure people's legal rights were being protected.

People's care plans were reflective of their care needs and risks to people's health and wellbeing were recorded.

Staff felt supported and valued. Staff received regular training opportunities. Staff received a robust induction, supervision and appraisal.

Comments about the quality of the meals provided were variable across the service. The dining experience for people was positive and people received appropriate support with their meals.

We found that an effective system was in place to regularly assess and monitor the quality of the service provided. The manager was able to demonstrate how they measured and analysed the care provided to people who used the service and how this ensured that the service was operating safely.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to safeguarding and complaints management. You can see what action we told the provider to take at the back of the full version of the report.

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 did not provide a consistently safe service. Safeguarding arrangements did not ensure that people who used the service were protected from abuse, or the risk of abuse.

There were sufficient numbers of staff to keep people safe and recruitment and selection procedures were appropriate.

The arrangements for the management of medicines were safe and the improvements the provider had told us they would make had been implemented.

Requires improvement



Is the service effective?

The service was not consistently effective.

Staff received appropriate opportunities for induction and training to carry out their roles. This ensured that people who used the service received their care and support in an appropriate way.

People received a varied diet and were supported to have their needs met. People's nutritional needs were assessed and action was taken where people were considered to be at risk of poor nutrition and dehydration.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Requires improvement



Is the service caring?

The service was caring. People who used the service and those acting on their behalf were positive about the care and support provided at the service by staff. Our observations demonstrated that staff were friendly, kind and caring towards the people they supported.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Good



Is the service responsive?

The service was not consistently responsive. People could not be assured that their complaints and comments had been acted on effectively.

People's care needs were assessed and planned to ensure that the care they received met their needs.

Requires improvement



Is the service well-led?

The service was not consistently well-led. There was no registered manager at the service.

Requires improvement



Summary of findings

People knew who the manager was and people found them to be approachable. People told us that the service was well-run.

Great Horkesley Manor

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 11 November 2014 and was unannounced.

The inspection team consisted of one inspector, a pharmacist inspector, an expert by experience who had experience of working with or caring for older people and/or people living with dementia and a specialist professional advisor. The specialist advisor was a dementia specialist.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they

plan to make. We also reviewed the information we held about the service by looking at notifications received from the provider and from contacting the Local Authority. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 people who used the service, seven relatives, 13 members of staff and the manager. During the inspection the manager was supported by the organisation's area manager and regional manager.

We reviewed 10 people's care plans and care records. We looked at staff training, recruitment and support records for three members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

Is the service safe?

Our findings

At our last inspection to the service in May 2014, we were concerned about staffing provision within the service as it was insufficient to meet people's needs safely. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining the actions taken to make improvements.

At this inspection we found that there were sufficient numbers of staff available to meet the needs of people who used the service and that the improvements the provider had told us they would make had been implemented. We found that suitable arrangements were in place to demonstrate how the staffing levels within the service had been determined in relation to people's dependency needs. Our observations showed that the deployment of staff within the service was appropriate and people's requests for support were responded to promptly. One person told us, "The staff are good and they come quickly."

At our last inspection to the service in May 2014, we were concerned that the management of medicines within the service was not safe. We asked the provider to send us an action plan outlining the actions taken to make improvements.

At this inspection we found that the arrangements for the management of medicines were safe and that the improvements the provider had told us they would make had been implemented. For example, we found that medicines were stored safely for the protection of people who used the service. We found that arrangements were in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for 15 of the 54 people who used the service. These were generally in good order as they provided an account of medicines used and demonstrated that people were given their medicines as prescribed. However, we found that some people had not been given their medicines as they were asleep and there was no evidence to show that any attempt had been made to give these people their medicines when they awoke. There was therefore a risk that people would not receive their prescribed medicines as they should. This was discussed with the manager at the time our inspection and they provided an assurance that this would be addressed.

Staff employed at the service had received safeguarding training. Staff spoken with were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. However, the provider was not able to demonstrate that where safeguarding concerns had been raised they had responded appropriately. For example, concerns had been highlighted that some staff's conduct towards people who used the service had been unhelpful, dismissive and rude. In addition, concerns had been raised that staff had placed two people at risk of receiving care and support that was unsafe and not to an appropriate standard as a result of poor manual handling techniques. We discussed this with the manager and were advised that at the time of the incident they were on annual leave. They confirmed that an internal investigation had been completed however, the issues highlighted had not been referred to the Local Authority safeguarding team. This showed that local safeguarding guidance and the provider's own safeguarding policy and procedures had not been followed and the provider had failed to respond appropriately where it was suspected that abuse had occurred. We asked to see a copy of the internal investigation report so as to determine if the issues raised had been thoroughly investigated but found that this was not readily available.

We found that the registered person had not protected people as they had not responded appropriately to an allegation of abuse. This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe and secure. One person told us, "It is fine here and I am absolutely safe." A second person told us, "I do feel safe and the staff are very good." One relative spoken with told us that their relative was safe and secure. They told us, "I have no concerns at all about my relative's safety."

We found that risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Information included specific detail of the risk and the steps to be taken by staff to minimise these. For example, the records for one person detailed that their dietary intake could be poor on occasions. An appropriate risk assessment had been put in place to minimise the risks to

Is the service safe?

their health, safety and wellbeing. Staff spoken with were aware of the potential risks for this person and the steps to be taken to ensure that this person was supported to receive adequate nutrition and hydration.

We looked at the staff recruitment records for two members of staff appointed within the preceding 12

months and this showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This meant that suitable arrangements were in place to ensure that the right staff were employed at the service.

Is the service effective?

Our findings

Staff told us that they received regular training opportunities and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs. One member of staff told us, "We have adequate training." The records showed that each person had completed an 'in-house' induction and, where appropriate, had completed 'Skills for Care' Common Induction Standards. These are the industry best practice standards to support staff working in adult social care to gain good basic care skills. The induction is completed over several weeks and sets out the first things a new worker needs to know in relation to their job role and the people they are to provide support to. Suitable arrangements were in place to ensure that staff were supported to receive appropriate supervision and appraisal.

We found that the arrangements for consent to care and treatment were suitable and appropriate assessments had been completed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the rationale as to why it was in the person's best interests, had been recorded. It was clear from the staff training plan that the majority of care staff had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. However, not all staff spoken with were able to demonstrate a good awareness and understanding of MCA and DoLS and when these should be applied. The manager was made aware of this and provided an assurance that further training for staff would be provided. The manager had a good understanding of DoLS legislation and told us that referrals to deprive a person of their liberty were in the process of being completed and submitted to the supervisory body (Local Authority) for their consideration and authorisation.

On the day of this inspection the main kitchen was being refurbished and meals for people who used the service were brought in from an external source. Our observations of the breakfast and lunchtime meals showed that the dining experience for people within the service was positive and flexible to meet people's individual nutritional needs. People told us that they could eat their meals where they wished. This referred specifically to the dining room, communal lounge or their bedroom. One person told us, "I have breakfast in my room and sit and read, write a few

letters and I walk to the dining room for lunch and tea time." Where people required support and assistance to eat their meal or to have a drink, staff were observed to provide this with sensitivity and respect. For example, mealtimes were unhurried and people were given sufficient time to eat. Staff provided positive comments to encourage individuals to eat and drink well.

Although our mealtime observations were positive, comments about the meals provided were variable. One person told us, "The food is patchy, sometimes it is quite nice and sometimes it is repetitive and ordinary. Sometimes the food is not particularly appetising and the meat is tough. I don't go hungry." Another person told us, "The food is bad and it has gone downhill. We had stalks in the cauliflower and the meat could be better. Two people made positive comments and these included, "The food is very good and I never go hungry."

Where people were considered to be at nutritional risk, we found that an appropriate referral to a healthcare professional such as GP, Speech and Language Therapist and/or dietician had been made. In addition, where people were considered to be at nutritional risk, people's weights were recorded at regular intervals and a record of the food provided to determine if the person's intake was satisfactorily maintained. However, we found that the records relating to the latter were not accurately maintained as they were not retained in date order and a record was not available each day. For example, no records were evident for one person between 25 October 2014 and 29 October 2014 inclusive or 7 November 2014 to 10 November 2014 inclusive. We discussed this with staff and they were unable to locate the records. This meant that we could not be assured that the person's dietary needs were being met or were suitable for their needs.

People told us that their healthcare needs were well managed. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing. For example, to attend hospital appointments and to see their GP. Relatives confirmed that they were kept informed of their member of family's healthcare needs and the outcome of healthcare appointments.

Is the service caring?

Our findings

People who used the service and relatives we spoke with made positive comments about the quality of care provided at the service. People told us that they received the care they needed. One person told us, “It is very nice and they [staff] are all very kind. They are lovely girls and do anything you ask them and they are so kind.” Another person told us, “They [staff] are kind and caring.” A third person told us, “Staff are brilliant, they are very good.” One relative told us, “We have nothing but good things to say about here and the staff.”

We observed that staff interaction with people was positive and the support provided by staff was caring, affectionate, warm and compassionate. It was evident from our discussions with staff that they knew the care needs of the people they supported. For example, one member of staff was observed to ask a person who lived at the service if they were cold. The member of staff waited for a response and then placed a blanket over their legs. They also asked the person if they wanted a drink and when confirmed the member of staff provided the appropriate assistance in a patient and kind manner. The care provided to people was person-led and not task led.

People told us that staff respected their privacy and dignity. We saw that staff knocked on people’s doors and waited before entering. One person told us, “Staff knock always.” Staff were observed to use the term of address favoured by the individual. Staff described how they ensured that people were treated respectfully. For example, staff told us that they respected people’s individual wishes, spoke quietly and discreetly about people’s private matters and ensured that people’s personal information was kept secure. People told us that staff respected their privacy and dignity when delivering personal care by ensuring that their door was closed. One person told us, “Staff always treat me with respect.” People also told us that they were enabled and supported to maintain their independence. One person told us, “If I need help I ring. I get up and wash and dress myself and have breakfast in my room.” Another person told us, “I do things myself. I make my bed, wash and dress myself. They [staff] run the bath and help me get in and out. If I ask them to, staff go and wait outside.”

We saw that people were supported to maintain relationships with others. People’s relatives and those acting on their behalf were able to visit the service when they wished and no restrictions to this were evident.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person told us, "[Name of staff member] helps me with the bath and treats me OK. If I have not had a shave they get to it and get me my razors." Another person told us that they had a serious medical condition and, "They [staff] come when I press the buzzer."

People and their relatives told us that if they had any concerns they would discuss these with staff on duty or other members of the management team. Staff told us they were aware of the complaints procedure and knew how to respond to people's complaints. One person told us, "I have no concerns and would speak to a senior member of staff if I needed to. They are quite accessible." A member of staff told us, "If I had any concerns I would go to the manager."

The complaint records showed that there had been three complaints since our last inspection in May 2014. A record log was maintained of each complaint however, we found that appropriate steps had not been taken by the provider to ensure that people who used the service and those acting on their behalf could be confident that their complaints would be listened to, taken seriously and acted upon. For example, the specific details of each complaint were not clearly recorded and for two complaints it was evident that not all issues highlighted had been considered or addressed. In addition, we found that supporting documentation was not available so as to determine the provider's judgements.

We found that the registered person had not protected people against the risk of ensuring that any complaint made is fully investigated. This was in breach of regulation 19 of the Health and Social Act 2008 [Regulated Activities] Regulations 2010, which corresponds to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each person was noted to have a care plan in place detailing their specific care needs and how they were to be supported by staff. Staff spoken with confirmed that care plans should be reviewed each month or sooner as people's needs changed. We found that each person's care plan had been reviewed and where a person's needs had

changed the care plan had been updated to reflect the new information. For example, the care plan for one person showed that the person's dementia related needs had changed over a period of several months. The care plan had been updated to reflect the new information and showed that suitable arrangements had been instigated to request additional healthcare support.

The care records for three people who could become anxious and distressed provided specific guidance to staff so that they could provide support in a consistent and positive way. The staff we spoke with were able to demonstrate a good understanding and knowledge of each person's specific support needs so as to ensure theirs' and others' safety.

People could spend time how they wished and enjoyed meaningful pasttimes and activities. Some people chose to sit in their own room, others used the communal areas and others participated in planned social activities. An activity programme was available detailing planned activities scheduled at the service. People told us that there was a suitable range of activities available to meet their needs and this included both 'in-house' and community based activities. One person told us, "In the afternoons sometimes there are activities. I go down to the day room and have afternoon tea. We have a singer once a fortnight and he is very good." Another person told us, "I can choose whether or not I want to take part. Sometimes I do and sometimes I don't." A third person told us, "I am not one for activities, I have my television." Two relatives told us, "The activity girls are really good and really try to get [relative] involved." Minutes of monthly meetings with people showed that they were consulted about forthcoming social events and activities.

Information about a person's life had been captured and recorded in some cases. This included a personal record of important events, experiences, people and places in their life. This provided staff working at the service with the opportunity for greater interaction with people who used the service, to explore the person's long-term memory and to raise the person's self-esteem and improve their wellbeing. The manager was working on ensuring that every person had details of their lives in their care plans to aid staff interaction and engagement with people.

Is the service well-led?

Our findings

At our last inspection to the service in May 2014, we were concerned that the provider's system for regularly assessing and monitoring the quality of the service was not effective. This was a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2010. We

asked the provider to send us an action plan outlining the actions taken to make improvements.

At this inspection we found that there were arrangements in place for assessing and monitoring the quality of service provision. The improvements the provider had told us they would make following our last inspection in May 2014 had been made. However, we found at this inspection that the provider's arrangements for ensuring that people who used the service were protected from abuse or potential abuse and complaints management were not as effective and robust as they should be and improvements were required.

Arrangements were in place to regularly assess and monitor the quality of the service provided. There were appropriate systems in place that measured and analysed the care provided to people. These were completed at both service level and at provider level through the organisation's own compliance team. The completion of these was so that the provider could demonstrate that they had an effective system in place to drive improvement in the quality of the service provided.

The service did not have a registered manager in post at the time of the inspection. We discussed this with the manager and they confirmed that although they had been the manager at the service since April 2014, this post had only become permanent on 1 August 2014. When questioned further about formally registering with the Care Quality Commission, they told us that they were waiting for the completion of their criminal record check through the Disclosure and Barring Service (DBS) and once received this would be submitted with their application.

We asked people who used the service, those acting on their behalf and staff about the quality of the service provided. We also asked people to comment on the senior management team's leadership and management approach. The comments were positive and one person told us, "It is a very good home and it could not be bettered." Two relatives spoken with told us, "The home has got better and the manager seems to have picked things up." Another relative told us, "Things are improving and we have the new manager to thank." This meant that people who used the service, those acting on their behalf and staff benefitted from a manager that communicated a clear sense of direction and leadership.

Staff told us that they felt valued and supported by the management team. They told us that the manager was approachable and there was an 'open culture' at the service. Staff confirmed that they enjoyed working at the service. Comments included, "The manager is good and she interacts well and is really good for the home. She supports us [staff] a lot." Another member of staff told us, "It is lovely here, the manager cares for the welfare of the staff and residents. I feel supported by the manager."

The manager told us that the views of people and those acting on their behalf were sought at regular intervals. Records showed that a questionnaire was completed each month and these covered a different topic. For example, in September 2014 the questionnaire reviewed the service's admission process and in October 2014 the questionnaire reviewed privacy and dignity issues. No areas of concern or areas for improvement were highlighted.

People told us that there were monthly 'residents meetings.' A record of meetings was held for people who used the service, those acting on their behalf and staff. The purpose of these meetings was to enable people to have 'a voice', to discuss and raise issues important to them or their designated role. Minutes of the meetings were readily available and provided evidence of topics discussed and actions taken where appropriate. This meant that appropriate systems were in place to enable people to be involved with the service in a meaningful way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>We found that the registered person had not protected people as they had not responded appropriately to an allegation of abuse. This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>We found that the registered person had not protected people against the risk of ensuring that any complaint made is fully investigated. This was in breach of regulation 19 of the Health and Social Act 2008 [Regulated Activities] Regulations 2010, which corresponds to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>