Orchard Care Homes.com (3) Limited

Swan House

Inspection report

Pooles Lane
Short Heath
Willenhall
WV12 5HJ
Tel: 01922407040
Website:

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Ratings

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

Overall summary

This unannounced inspection took place on 6 and 7 August 2015. At our last inspection on 23 September 2014, we asked the provider to take action to make improvements to ensure people received safe care and there were suitable arrangements in place to obtain or act in accordance with the consent of people who live at the home. During this inspection we found the provider was meeting the regulations.

Swan House is a nursing home providing accommodation and personal care for up to 45 older people, including people who have dementia. At the time of our inspection 43 people were living at the home. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People, relatives and staff told us that there were not always enough staff available to support people with their needs in a timely manner. The registered manager agreed to review the deployment of staff particularly during busy times to ensure people's needs were met.

Staff kept people safe from the risk of abuse. We saw that the provider had systems in place to protect people from potential harm or abuse. These included thorough staff recruitment checks, staff training and procedures to report allegations of harm or abuse.

Risks to people's health and care needs had been assessed. Personalised care plans had been developed and were reviewed to ensure people's needs were being met.

People received their medicines as prescribed and they were stored and disposed of safely.

Appropriate action was taken to protect the rights of people and people were asked for their consent by staff to provide care.

People were supported to eat and drink sufficient to keep them healthy. People's health and care needs were assessed and care was planned and delivered to meet those needs. People were supported to access a variety of healthcare professionals to ensure their health needs were met.

Staff understood people's choices and preferences and respected their dignity and privacy when providing care. People were encouraged to be as independent as possible. People were supported to maintain their interests and a range of activities were available.

People and their relatives told us they were aware of how and who to raise any complaints or concerns with. They were confident that they would be listened to and responded to appropriately. The provider had an effective process in place to respond to people's concerns or complaints.

People, relatives and health care professionals told us the registered manager and staff were knowledgeable and approachable. Relatives and visitors said they were always welcomed by staff which enabled them to maintain relationships with family members.

The provider had systems in place to monitor the quality of the home. This included gathering feedback from people who use the service and monthly audits to check the quality of care people received.

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 not consistently safe.

People's needs were not always met in a timely manner. Staff understood their responsibilities to protect people from harm or abuse and there were procedure in place to keep people safe. Risks to people's health and care needs had been assessed and plans had been put in place to minimise risks. People received their medicines as prescribed and medicines were stored and disposed of safely.

Requires improvement

Is the service effective?
The service was effective.

People received their care and support from staff that had the skills and training to meet people's needs. People's rights were protected because staff supported them to make choices and consent to their care. People were supported have enough food and drink when and how they wanted it. People had access to healthcare professionals as required to meet their health needs.

Good

Is the service caring?
The service is caring.

People and their relatives told us staff were kind, caring and people's dignity was respected. People were treated as individuals and staff paid attention to people's choices and preferences. People were supported to maintain relationships with relatives and friends important to them.

Good

Is the service responsive?
The service was responsive.

People's health and care needs were assessed and reviewed regularly to ensure they received support when they needed it. Staff were aware of people's individual needs and supported people appropriately. People and their relatives knew how to raise any concerns and felt they would be listened to.

Good

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

People, relatives and visiting professionals spoke positively about the registered manager and told us the home was well managed. Staff felt confident to raise any concerns with the registered manager and where issues were identified action had been taken to address concerns. Staff understood their roles and responsibilities. Quality assurance systems were in place to monitor the quality of the service provided to people living at the home.

Good

Swan 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 6 and 7 August 2015. The inspection team consisted of 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 used this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some information about the home, what the home does well and improvements they plan to make. We reviewed the information we held about the home and looked at the notifications they had sent us which the provider is required to send us by law. These are events that the provider is required to tell us about in respect of certain types of incidents that may occur like serious injuries to people who live at the service. We contacted the local authority to gain their views about the quality of the service provided. We used this information to help us plan our inspection of the home.

We spoke with 14 people who lived at the home and 15 relatives. We spoke with two nurses, five care staff the registered manager and two healthcare professionals. We looked at the care records for six people and the medicine records for three people to see how their care and treatment was planned and delivered. We looked at other records related to the running of the service including two staff files; to check staff were trained and supported to deliver care to people living at the home, records relating to the management of the home, a selection of policies and procedures that related to the management of people's safety.

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

Requires improvement

Is the service safe?

Our findings

There were mixed views from people, their relatives and staff regarding the staffing levels at the home. One person told us, "Staff come quickly I have no concerns." One relative told us, "I don't think there are enough staff. People are sometimes kept waiting for the toilet because staff are helping other people." One staff member told us, "There certainly is not enough staff." Another staff member said, "Sometimes people are kept waiting but not for long. It happens when two staff are supporting a person." We observed instances where people were waiting for care because staff were busy. We saw one person in bed who was distressed. They said, "I am dying to go to the toilet, I can't wait." We spoke with a staff member who told us they were aware of their request and would assist once they had completed the care needs of another person who required the assistance of two staff members. We discussed this with the registered manager who told us they completed a dependency needs analysis, in order to determine the number of staff required to support people safely. The registered manager ensured us they would review staffing deployment and numbers to ensure people's needs were met in a timely manner.

At our last inspection on 23 September 2014, we had found that the provider had not taken adequate steps to ensure people were protected against the risks of receiving unsafe care. When we inspected the home again in August 2015 we found these concerns had been addressed.

Staff we spoke with understood how to support people where there were risks identified. They told us people's risk assessments were reviewed as people's needs changed or new risks were identified. For example, with people's mobility, skin care and food and fluid intake. We saw people had risk assessments in place that gave guidance to staff on how risks could be minimised. We spoke with a person who had a sore on their skin they told us "It has improved." We saw that they were using a pressure-relieving cushion. We looked at records and saw that there was input from the district nurse and that staff were following the advice as directed in the care plan.

Staff recorded incidents, accidents and falls appropriately. We saw information had been analysed for people who had fallen within the home and prompt action had been taken to reduce the risks of re-occurrence. For example, one person's records showed they had a number of falls and we saw a falls risk assessment and mobility assessment had been completed. Physical factors such as an unsteady gait or confusion was also considered. We saw a sensory mat had been placed beside the person's bed which alerted staff immediately if they got out of their bed.

Staff we spoke with told us safety checks of the premises and equipment were completed and records we saw confirmed checks were up to date. Staff knew what actions they would take to maintain people's safety in the event of fire or medical emergencies and we saw people had evacuation plans in place.

People who lived at the home told us that they felt safe with the staff that supported them. One person told us, "I like it here because I feel safe." Relatives and visitors we spoke with told us they were confident their family members were safe at the home and not at risk of abuse. One visitor told us, "The building is secure and I know the staff here. I think people are safe."

Staff we spoke with were able to tell us what they understood by keeping people safe; they were able to tell us about the different types of abuse and explained what signs they would look for that would indicate a person was at risk of harm or abuse. For example, bruising or a change in a person's mood or manner. Staff were clear about their responsibilities for reporting any concerns regarding abuse. Staff knew they could share information or ask for advice from us or the local authority if required. We spoke with the registered manager who told us about the processes in place and the action they would take to protect people in the event of an allegation or suspicion of abuse. Where incidents had occurred concerning people's safety the registered manager had submitted the correct notifications, and the records we looked at showed that staff followed the provider's procedure to protect people from abuse.

Staff told us they had pre-employment checks completed before they started to work at the home. We looked at the recruitment processes and saw that there was an effective system in place that ensured staff had the right skills and knowledge to support people. We looked at two staff files and saw references from previous employers and Disclosure and Barring Service (DBS) checks had been obtained before employment commenced. DBS checks help employers make safer recruitment decisions and prevents unsuitable people from being recruited.

Requires improvement

Is the service safe?

People we spoke with told us they had no concerns about their medicines and confirmed they were given their medicines as prescribed by the doctor. One person said, “Staff give me my medicine.” One relative told us, “There are no problems I am aware of with [person name] receiving their medicine.” We observed people were supported to take their medicines when they were required. We saw staff administered medicines appropriately and remained with people to ensure they had taken their medicines safely. Staff that gave medicine told us they had received appropriate training. We saw medicines were audited regularly and no issues had been identified. Some people took their medicine ‘when required’, such as for pain relief. We saw guidance was available for staff to follow. We looked at three Medication Administration Records (MAR) charts and saw these had been competed accurately. We saw that all medicines received into the home were stored and disposed of safely.

Good

Is the service effective?

Our findings

At our last inspection on 23 September 2014, we had found that the provider had not ensured there were suitable arrangements in placer for obtaining and acting in accordance with the consent of people. At this inspection we found these concerns had been addressed.

People we spoke with told us that staff sought their consent before providing care and support. We observed people were supported to make their own decisions and choices as far as possible. We saw where people did not have the capacity to consent to their care, mental capacity assessments had been completed and where required a decision to provide care in a person's best interest had been completed with the person's relatives and professionals. Staff we spoke with told us how they gained consent from people and what they would do if a person refused such as with medication. One staff member told us they "would leave the person for a while before going back or they would ask another member of staff to ask for the person's consent."

The registered manager told us some people had authorisations in line with the Deprivation of Liberty Safeguards (DoLS). DoLS requires providers to submit applications to a 'Supervisory Body' for the authority to deprive someone of their liberty to keep them safe. We saw that the registered manager had completed applications and submitted these to the local authority for authorisation. The registered manager had complied with the law to ensure people's rights were protected.

People, relatives and health care professional's said that they thought the staff were trained and knowledgeable about people's needs. One person said, "Staff know what they are doing." Discussions we had with staff demonstrated they had a good understanding of people's physical and social needs and how to meet those needs. A health care professional told us they felt staff were well trained and supported people's care needs well.

All the staff we spoke with told us that they had received training and were provided with support to enable them to do their job. Staff told us that they were supported by the registered manager to develop their skills to meet people's needs. A health care professional we spoke with told us that they had provided staff with appropriate training to use specialist equipment. Staff members we spoke with told us that when they started in their roles they completed an induction which involved shadowing experienced members of staff. One staff member said, "I did a lot of shadowing and training before I provided care on my own." Another staff member told us, "We have staff meetings, supervisions and yearly appraisals I think the support is really good." We looked at records and saw that staff had completed the training required to support people with their needs. For example, safe moving and handling and end of life care.

People were complimentary about the quality of the food. One person told us, "I have had porridge, egg, tomatoes and beans for breakfast today. Yesterday I had corned beef hash for lunch. I enjoy the food. I need staff to help me with food." Another person said, "The food is very good and I am always offered an alternative if I don't' like what's on offer." We saw the menu reflected dietary requirements and preferences. We observed lunch and saw that this was a relaxed and calm experience. We observed staff explain each meal and offer support when people required assistance. People were offered a choice of drinks at different times during the day which included both hot and cold drinks. Staff told us people's nutritional needs were assessed and risk assessments were completed where required. For example people at risk of choking. We saw special diets were catered for and a list of people's individual requirements was available to staff. Where required people's daily food and fluid intake were monitored and we saw charts were completed, totalled and given to the nurse on duty when concerns were identified. Where necessary, referrals were made to health care professionals for example, speech and language teams (SALT) and dieticians.

People told us they were seen by the doctor and other health care professionals when required. One person told us, "I asked to see the optician and I got some new glasses." Relatives we spoke with had no concerns about people's health needs not being met or about how they were supported by the staff at the home. One relative told us, "I am always kept informed by staff if there's a problem or the doctor is called." We looked at people's health care records and saw that referrals to other healthcare professionals had been made promptly where concerns had been identified. We saw staff worked closely with other health care professionals to ensure people's health needs were being met. For example, doctors, tissue viability and stroke specialists.

Good

Is the service caring?

Our findings

People told us staff were friendly, kind and caring. One person said, "Can't ask for better, staff are very caring." A relative told us, "I can't find fault with the staff at all, they are excellent and really do care. I chose the home because of the quality of the care." We observed staff interactions were kind and compassionate and staff listened to what people had to say. One relative said, "We like the banter [person's name] has with the staff they make [person's name] feel wanted."

We observed staff communicated well with people and used different ways to ensure people's understanding. For example, speaking to people at eye level and repeating or rephrasing questions. Where possible people we spoke with felt they were listened to and had a say in how their care was provided. We observed staff respected and supported people's choices. We saw one member of staff approach a person to ask whether they wanted breakfast. The person initially responded well to the question but then became agitated. The staff member said they would return later to see if they wanted anything to eat. A staff member went back later and offered lunch which the person enjoyed. We spoke with this person's relative who told us staff knew how and when to approach their relative. They said they were very satisfied and praised staff for the way they supported their relative.

People told us that their choices, preferences and wishes had been considered in the planning of their care and treatment. One person told us, "I go to bed when I want to and choose when I get up." A health care professional we spoke with told us staff were knowledgeable about people's preferences and choices and were aware of people's everyday choices; such as what they would like to eat and drink or where they would like to spend their time. A relative told us, "Staff respect [person's name] choice to eat their meals in their room." We saw that people were supported to maintain their independence as much as possible, for example, one person said, "I do most of my own personal care but I need [staff] to support when necessary."

We observed people were treated with dignity and respect. One person told us, "When the carers are administering care I am treated with respect and the doors are closed." Staff we spoke with explained the actions they took to protect the dignity and privacy of people. One staff member said, "One person likes to have their door open but takes off their clothes. We keep the bathroom door open in their room to protect their dignity." We observed two visitors enquiring after their relative in the corridor. We heard the nurse say, "We need to talk but we will chat later where we can have a private conversation rather than in the corridor."

People and relatives we spoke with told us there were able to visit the home when they wished. People told us they could see their visitors in the privacy of their own rooms if they wished. One relative said, "I come at differing times and am always made welcome." We observed staff were caring towards people's visitor's ensuring visitors had access to drinks and engaging them in conversations.

We were told by the registered manager that the home provided end of life and palliative care to people. They said they had been chosen as one of two homes in Walsall to work with the clinical commissioning group (CCG) to pilot an initiative to develop care and documentation to support people at the end of their life. Staff we spoke with told us how they supported people who were at the end of their life for example, supporting people's care needs and administering medicines to help people manage their pain. We saw that some staff members had been trained to validate expected deaths and were able to make arrangements where necessary with funeral directors.

Good

Is the service responsive?

Our findings

One relative told us their family member's health had deteriorated and that staff had responded quickly to ensure their increasing health and care needs were being met. They said, "We can't praise the staff enough" and "They always tell us what is happening." We observed one member of staff who noticed a change in a person's responses and health condition during the course of the morning of the inspection. We observed them speak to another member of staff to ascertain the person's wellbeing earlier in the day. We saw they discussed the changes they had noticed in the person and informed the nurse on duty. We saw the nurse completed regular observations to monitor the person's health and well-being during the rest of the day.

People told us they were involved in the planning of their care and support needs. One relative told us they had been involved in compiling their relative's care plan and although not involved in the subsequent reviews were kept informed of their relative's progress and were always contacted if needs changed. Staff we spoke with were able to tell us about people's individual health and care needs. For example, one staff member told us how they were monitoring a person's weight following an illness. We looked at the care records for six people and saw people's care and health needs were assessed when they moved into the home and information was reviewed and updated monthly. We saw records were personalised and reflected people's individual needs, preferences and included information about people's life experiences. Staff told us information was shared at shift handovers and any changes in people's needs were discussed. They told us this ensured staff had the most current information regarding a person's care needs. Any issues which were outstanding at the end of a shift such as medicine prescriptions were also shared in order for issues to be addressed.

We asked people what they liked to do during the day. People told us the provider employed two activities co-ordinators who arranged group and individual activities with people who lived at the home. One person told us, "I don't do any activities I prefer to stay in my room." Another person said, "I enjoy the activities provided and like to spend time talking to staff." During the inspection we saw some people went shopping in the community and we observed some staff chatting with people. We asked staff about the activities that took place at the home and they told us they had had a 'Bollywood' and 'Strictly Come Dancing' themed events which people enjoyed.

People told us they were able to raise concerns with the staff or the registered manager. One person told us, "I would speak with the staff if I was unhappy about something." A relative said, "I have no problems raising concerns, in fact I am asked regularly if I am satisfied with my [relatives] care." Staff we spoke with were able to explain how they would handle complaints and were confident the manager would investigate and resolve them quickly. We looked at the concerns and complaints received and saw that these were investigated and responded to appropriately. Information was analysed to identify any themes and used to identify areas for improvement.

The registered manager told us that they had undertaken a process of obtaining feedback from people. For example, people said they wanted the prices of the hairdressing services to be made available. We saw that a leaflet had been produced detailing all the services offered along with the prices and this was available to everyone living at the home.

Good

Is the service well-led?

Our findings

People told us the home was friendly and welcoming. People and their relatives said that they felt involved in the home and that their opinions mattered. They told us they knew who the registered manager was and that they could speak with them whenever they wished. One relative said, "The manager is very helpful, open and good with [person's name] and always available for a chat." We observed that people and their relatives approached the registered manager and other staff freely. A health care professional told us the registered manager was knowledgeable and the service was well managed. Staff told us they were encouraged by the registered manager to make suggestions about how to continually improve the quality of service provided to people. One staff member told us staff felt the handover system needed to be improved. Following discussion at a meeting it was agreed the two units would have separate handovers with all staff on shift attending. This was agreed and implemented by the registered manager.

The registered manager told us they were keen to develop their links with the community and had recently provided a work placement for a student attending the local college who was completing a social care course.

We spoke with the registered manager, we found that they were knowledgeable about all aspects of the home including the individual needs of the people living there, staff members and their responsibilities as the registered manager. Staff told us that they understood their roles and responsibilities and felt motivated to provide good care to the people living at the home. We saw the management structure within the home was clear and staff knew who they should report any issues to. Staff we spoke with told us they would have no concerns about whistleblowing and felt confident to approach the manager and if it became necessary to contact us or the police. Whistleblowing means raising a concern about wrong doing within an organisation. Staff told us they had staff meetings approximately every six weeks received regular supervisions and had yearly appraisals. One staff member said, "The manager is very supportive and understanding and is often around the home."

Information provided by the provider as part of the Provider Information Return (PIR) was consistent with what we observed and found within the home. We saw the provider had systems in place to monitor the quality of the service provision. The registered manager completed a number of quality checks to ensure the service ensured people who lived at the home were safe and care was effective. For example, we saw monthly audits were completed of people's care records, falls and medicines. The registered manager analysed information to see if there were any trends or patterns developing. Information was used to develop plans to improve the service provided to people living at the home. We saw the registered manager had recognised a concern with a person's health and referred the person to the appropriate health care professional for advice and support. Staff we spoke with told us the registered manager informed them of any improvements or actions that were needed to address any concerns raised. We looked at minutes from staff meetings and saw information was shared with staff.