KMP Care Ltd

The Orchard Nursing Home

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

This inspection was carried out on 30 March 2015 and was unannounced.

The Orchard Nursing Home is a care home which provides accommodation and personal care for up to 63 older people. At the time of our inspection there were 39 people living at the home as they had recently opened a new floor of the home. There was 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 and associated Regulations about how the service is run.

When we last inspected the service on 3 June 2014 we found them to be meeting the required standards. At this inspection we found that they had continued to meet the standards.

People living at the home and their relatives were positive about the home, the manager and the staff. Their feedback was sought and any suggestions were acted upon.

Summary of findings

Staff were kind and caring and people's privacy and dignity was promoted. Care provided was good and staff were knowledgeable about people's needs. Staff had received appropriate training and supervision.

People's safety was promoted and there were robust risk assessments in place to maintain this. Process, care plans and practice was reviewed regularly to ensure they were meeting the needs of people who were supported. Accidents and incidents were reviewed by the manager to ensure any action needed was taken. Medicines were managed safely and people received their medicines in accordance with prescriber's instructions. Staff knew how to recognise and respond to allegations of abuse.

People were offered a choice of nutritious food in accordance with their dietary needs. The chef was knowledgeable about people's dietary requirements and staff assisted people to eat where needed. People who were at risk of not eating or drinking sufficient amounts had their intake and weight monitored.

People had access to activities that complemented their interests and hobbies. There were links with the outside community. Health and social care professionals were positive about the staff team at The Orchard Nursing home and the service they provided.

Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to people who lived at the service. The manager and staff were familiar with their role in relation to MCA and DoLS.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were supported to ensure their needs were met safely.

Staff knew how to recognise and report allegations of abuse.

People's medicines were managed safely.

Staff who worked at the service had undergone a robust recruitment process.

Good

Is the service effective?
The service was effective.

People were supported appropriately in regards to their ability to make decisions.

Staff received supervision and the appropriate training.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

Good

Is the service caring?
The service was caring.

People were treated with kindness and respect.

People who lived at the home and their relatives were encouraged to be involved in the planning and reviewing of their care.

Staff knew people well.

Good

Is the service responsive?
The service was responsive.

People's care was responsive to their individual needs.

Activities provided reflected peoples hobbies and interests.

People who lived at the home and their relatives were confident to raise concerns if they arose and that they would be dealt with appropriately.

People were asked for their feedback.

Good

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

There were robust systems in place to monitor, identify and manage the quality of the service

People who lived at the service, their relatives and staff were very positive about the manager, the deputy manager and the team.

There was an open, transparent and empowering culture in the home which put people first.

Good

The Orchard Nursing Home

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012 and to look at the overall quality of the service.

This visit took place on 30 March 2015 and was carried out by an inspection team which was formed of three inspectors and was unannounced.

Before our inspection we reviewed information we held about the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with nine people who lived at the service, 12 relatives and visitors, 12 members of staff, the deputy manager and registered manager. We received feedback from health and social care professionals. We viewed nine people's support plans and three staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Good

Is the service safe?

Our findings

People told us that they felt safe at the home. One person said, "It is very safe here." Relatives also told us they felt the home kept people safe. One relative said, "I have no concerns about my relatives' safety here, at all."

Staff had received training in safeguarding people from the risk of abuse. They were able to tell us what form abuse might take and said they would "Absolutely report it." Staff were aware of what the term whistleblowing meant and when they would use the process. However, although staff told us they would report to their manager or nurse in charge, not all staff were aware of how to report concerns externally. Some staff said they would report to the CQC and would search the internet for the contact number. We saw that information on how to recognise and report abuse was displayed throughout the home and the manager had also raised awareness in staff meetings. We also found that the manager had reported any allegations of abuse and responded to whistleblowing appropriately. We spoke with the manager about our findings who told us that the gap in knowledge would be addressed.

We found that any risks for people were identified and management plans were available in the care records. We saw people's independence was encouraged enabling them as much as possible to make decisions about taking risks whilst protecting their safety. We saw risk assessments were thorough and areas assessed included, falls, moving and handling, pressure area care, nutrition and hobbies. For example, one person wished to assist in maintaining the property to a good standard as this had been their career for many years. We saw staff enabled the person to check on fixtures and fittings whilst ensuring both the person's and others safety. We were told that tools and other such equipment, such as bolts and screws, had been made available to the person to look at and hold whilst under supervision as this relaxed and pleased the person. There was information and guidance incorporated into their care plan along with associated risk management plan.

Accidents, incidents and falls were well managed in the home. Relatives told us they were particularly impressed with the movement sensors which could be used in people's rooms if they were assessed as being at risk of falling and people agreed to their use. They alerted staff members when a person was trying to get out of bed without assistance and meant staff were able to maintain people's safety. Falls were recorded and where needed, changes to care plans were made. For example bedrails might be introduced. The manager reviewed accidents and incidents to ensure all necessary action had been taken to promote the person's safety.

People were supported by appropriate numbers of staff. They told us that they were rarely kept waiting for assistance. Relatives also told us that staff responded promptly to requests for assistance. One relative said, "You ask them to help and they stop what they're doing and come to [relative] straight away." Relatives also told us they thought there was always enough staff on duty including night time and said that staff responded quickly to call bells. We saw call bells were responded to promptly and staff had time to sit with people. A healthcare professional told us that they always saw staff sitting with people which they felt was "Very good." The manager told us they had no staff vacancies and were currently recruiting for new staff for when numbers of people living at the home increased. Staff told us that there was enough staff available to provide cover for sickness and annual leave and that additional staff were brought in if there was a change in people's needs. This meant there were sufficient numbers of suitable staff available to help ensure people's needs were met and to keep them safe.

The home used a robust recruitment procedure. This included a face to face interview, written references, criminal records check and proof of qualifications. We saw the manager kept a log of PIN numbers to ensure that nurses were correctly registered. This meant that people could be confident that staff were appropriately skilled, experienced and fit for their role.

People's medicines were managed safely. We observed staff carry out a medicines administration round and they used a safe working practice. For example, medicines were not left unattended and people were told what they were being given. We saw records held were accurate and stock quantities were as recorded. Staff had received competency assessments by senior staff to ensure that they were following the correct and safe procedures. This helped to ensure that people were receiving their medicines in accordance with the prescriber's instruction.

Good

Is the service effective?

Our findings

People were supported by staff who had received the appropriate training for their role. They told us they felt staff were skilled in their role. One relative said, "The way they deal with some challenging situations is incredible, patient and calm and they totally handle it."

Staff were positive about the training received and were able to tell us how they used it in their day to day role. One staff member said, "This service is very needs led. I see the best practice being used. We have high expectations on the standards of care delivery."

New staff members told us they were required to complete an induction programme and were not permitted to work alone until they had been assessed as competent in practice. Staff said they were supported by regular 'one to one' sessions and group supervision with senior staff during which their performance was reviewed and discussed. We found staff received regular training updates to support them in their role. Nursing staff told us, and record showed, that they had received specialist training such as administering medicines via syringe drivers. We saw from training records that staff had received this specialist training. Staff received training in all areas which were important in their role. This included moving and handling, palliative care, risk assessments and dementia care. This meant that people received their care from a staff team who had the necessary skills and competencies to meet their needs.

People had their ability to make decisions assessed where appropriate. On one unit staff told us people were able to make decisions so capacity assessments were not appropriate. On other units we found consent to care and treatment was a part of people's assessment, care planning, support and treatment. Most staff were able to tell us how they ensured consent was obtained prior to support being given and were clear on what their boundaries were. For example, knowing it was not appropriate to force someone to have care or stopping someone going out.

Most of the staff team had received training about the MCA 2005 and DoLS. However, some staff did not demonstrate a clear understanding of what the requirements meant in practice. For example, when to apply for an authority to deprive somebody of their liberty in order to keep them safe. The manager told us further training to address these knowledge gaps had been scheduled for April 2015. Also appropriate applications had been made to the local authority for those people who had any restrictions in place to keep them safe. For example, to enable staff to deliver personal care, and for when the use of lap belts in wheelchairs, bedrails or keypad locks were required.

People were told us they enjoyed the food and were given a good choice of meals. We saw people supported to have sufficient to eat and drink. However, staff did not assume that people required support. For example, a person's care plan stated they required assistance to have their food cut up. We noted the carer checked with the person first if they wanted it done for them, putting the decision into the hands of the person. Another example was when supporting a person with lunch in their room we heard staff ask the person if they needed anything before they ate. Staff continually checked that they were going at the person's own pace.

We saw where people requested to stay in their rooms, frequent refreshments were offered. We observed meal times were unrushed and there was a pleasant atmosphere. We saw staff were receptive to people when they wanted something different than the food or beverage offered. We heard staff offer a list of various food and drinks, which included supplement drinks to boost nutritional intake. We noted people who were assessed as being at risk of not eating or drinking sufficient amounts had records maintained of their intake and were weighed weekly. We saw everyone had a nutritional risk screening carried out with associated care plans and risk management strategies were drawn up where any issues had been presented.

Relatives told us that people were encouraged and supported to eat a healthy diet. One person said, "[Relative] can only keep some foods down. They always cook specifically for them, nothing is too much trouble." We saw that people were assisted at mealtimes in a calm and unhurried manner. Where people had been assessed as being at risk from inadequate nutritional intake, we saw that dieticians and speech and language therapists had been consulted to help ensure people ate and drank sufficient quantities. Staff sought people's consent before providing care and support.

People told us that they saw their GP when they needed to and their health care needs were being met. Relatives told

Good

Is the service effective?

us they were satisfied with the health care people received at the home. We spoke with a visiting health professional during the course of the inspection. They told us staff were very responsive to advice and guidance and they had no concerns with the health care and support provided at the home. We found that chiropodists, dentists and opticians visited the home when people needed them. People had easy access to their GP and staff contacted out of hours GP services when required. Health care professionals were positive about how staff supported people to maintain their health. One professional told us that staff responded well to advice they had given about people's health needs and were able to answer any questions about the person concerned. This meant that people's health needs were reviewed regularly and changes responded to in a way that promoted their health.

Good

Is the service caring?

Our findings

People told us that staff were "very" kind and caring. One person said, "Staff care for us very well." Relatives made positive comments about how kind and attentive the staff team were. One relative said, "I just can't rate them highly enough. They treat my [relative] with kindness, dignity and genuine respect." Another relative said, "The staff are extremely caring. They communicate so well with residents."

Staff were clear on how to treat people with dignity, kindness and respect. All of our observations were positive, staff used effective communication skills which demonstrated knowledge of people and showed them they were valued. For example, staff made eye contact and listened to what people were saying, and responded accordingly. The positive interactions observed included how staff spoke to people behind closed doors. For example, we heard a staff member supporting a person in their room. The staff member gave the person time to respond and spoke in a way that was friendly and encouraged conversation. Nursing staff told us they respected the care staff for the kindness and respect they afforded people. One nurse said, "The carers are fantastic, they are brilliant with the residents." A healthcare professional told us that staff were always seen be respectful and treated with dignity on their visits. This included the way people were spoken to and how they were supported in relation to their appearance.

Care plans were individualised and personal information had been incorporated in a sensitive and respectful manner. For example, in one care plan we noted how the persons' wishes for privacy and dignity whilst receiving personal were included. We spoke to staff about these wishes and they were able to confidently describe the interventions and how they should be delivered.

People were assisted as soon as they requested support, for example, when they wished to use the toilet. Staff ensured this was done in a way that promoted their dignity by speaking discreetly to people. Care was delivered in a caring unrushed personal way. Staff, in every unit, were seen to be patient which indicated a people first culture throughout the home.

People were offered choice in all aspects of their daily life. For example, we observed people being offered choice of meals and of where to sit in the dining room at lunchtime. People were able to choose what time they went to bed and got up. People were able to choose from a range of activities. Where people were supported to eat their meals in bed we saw that staff pulled the door closed in order to promote their privacy and dignity.

Relatives told us there were no visiting restrictions in place. One relative told us they were always welcomed into the home at any time and were invited to join in with all the social activities. We saw staff greet relatives in a way that showed they knew them well and had developed positive relationships. We observed relatives welcomed during lunch and they were able to be involved in some quality time whilst they assisted people to eat their meal. People could choose where they spent their time. There were several communal areas within the home where people could entertain visitors as well as their own bedrooms. We also noted people's faith was respected. Where requested, people received visits from representatives of their faith.

Staff had access to detailed information about people's life histories and preferences. This helped them to care and support people in a way that met their individual needs and personal circumstances. For example, a person was supported to enjoy their bath time. Staff assisted the person into the bath and then left them to relax in the warm water and listen to music. Relatives said this made the person happy as it is what they used to do in their own home.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their individual needs and they had been involved in planning their care. Relatives of people told us staff involved them with developing people's care plans where they were not able to do this themselves. They were always consulted with any decisions relating to people's lives. People and their relatives also told us they received good care and support. One person said, "I never thought that anyone could look after my [relative] so well. They go above and beyond what I expected, it is marvellous." Another relative told us, "They [staff] know what [relative] needs before we do, and they tell us the outcome."

Staff told us they had access to and were familiar with information about people's needs and preferences. This included information about peoples' lives, their families, careers and individual preferences in how they would like to spend their time. Care plans were detailed and personalised and supported staff to meet individual's needs. For example, one person's care plan identified the person always felt cold. We saw the person was wearing many layers of clothes to help them to feel warm. We saw another section in the care records called, "All about me" which gave further details of lifestyle choices and preferences with regards food, drink, sleep, activities, favourite music and TV plus other likes and dislikes.

We found people's care and support needs were closely monitored and updated on a regular basis so that any changes to their needs had been identified. We saw when people's needs had changed, staff had made appropriate referrals. This included, for example, to the dietician, dentist and opticians. A visiting health professional told us the staff followed their advice and guidance. One relative told us that the staff makes, "Real time reactions to changes."

People were given options about being supported to follow their own interests. A relative told us how the home had got their relative engaged in activities they had previously lost interest in. The activity co-ordinator told us how they ensured they were aware of people's interests and how they included these in their personal plan. For example, compiling a quiz based around politics for a person who wanted more of a challenge and by requesting that entertainers included hymns in their song choices for a person who enjoyed attending church.

There was a varied pre- planned monthly activities programme and several options available to people should they choose to join in. Activities were provided every day of the week however, no pressure was applied for people to join in. Trips were organised outside the home twice a month to places such as garden centres and local museums. The activity co-ordinator told us people were supported to choose what they wanted to do they said how important it was to have interaction and stimulation to avoid people becoming bored or isolated. We noted the service had student nurses on placement as well as a number of students from local colleges and schools on work experience. We saw people living in the home were very pleased with the students who were talking with and listening to people in the lounge area.

A person living in the home showed us the 'Snoeszelen' room (a multi sensory environment). The person said, "Isn't this a pretty room. We are very lucky here as it is so beautifully decorated and such a nice environment." The room included soft lighting, music and comfortable seating to provide people with a quiet space for relaxing outside of their bedroom.

People told us they were asked for feedback by the manager who regularly went to see them. They told us if they were unhappy with any aspect of their care they would speak to the manager or the staff but they had no need to complain. Relatives told us that if they were unhappy with anything they would speak to the staff and would be very confident to raise any concerns with the manager.

The service encouraged feedback from people living at the home, their relatives and friends. One relative said, "There was an issue with a couple of residents going into others' bedrooms. We raised this as an issue and now all rooms have alarms so staff know when someone else goes through a closed door. We always get a very positive response to concerns."

Meetings for people who used the service, relatives and friends were held regularly at times agreed by them. One relative said, "You can see how wonderful the environment is and we are encouraged to make any suggestions, not that this could be easily improved as it's so good already."

Good

Is the service well-led?

Our findings

People told us that the manager was "Fantastic" and the deputy manager, who although quite new in post, had worked at the home as a nurse prior to their promotion, was always available.

People living at the home and their relatives were extremely positive about manager. One person said, "I have nothing but praise for them." A relative told us, "The management is outstanding." People and relatives consistently told us that the manager always knew what was going on in the home and with each person living there. We were told that they were approachable and always open to suggestions.

People, relatives and staff told us that both the manager and deputy manager were in the home at key times. For example, early mornings, evenings, and they carried out night and weekend visits to ensure the home was running to a high standard.

The home was led by a strong, knowledgeable and experienced management team. We observed the manager and deputy manager providing guidance and leading the staff team. For example, by protecting a person who was tired from too many visitors and by making sure people were not waiting in long queues in the hair salon. Staff told us the manager "just appeared" at various points of the house to oversee their working practice. They said they liked this type of supervision and guidance as it ensured they were doing a good job. We were told the manager carried out a welfare check on everyone living at the home every day. They also speak to people and staff about how they were operating on the day.

Staff were clear what was expected of them and nurses took ownership of their units. The management team had oversight of the home through audits, meetings and weekly reports regarding any issues in the home such as falls, bruises and incidents, to ensure all required checks were completed and action taken. Lessons learned from complaints, audits and incidents were shared by the manager through meetings and supervisions or relayed by the nurses during handover.

The manager was dedicated to their role and had developed a very positive culture at the home. Their values and philosophy were clearly explained to staff through their induction programme and training. These included putting people first, developing staff through training and support and being open, honest and responsive.

All the staff felt confident to raise any concerns to the manager, deputy manager or the owner. All staff said their manager was very visible and approachable. One staff member said, "I would not hesitate to raise a concern. In fact we are encouraged to raise anything we might want to."

Staff said about various ideas they had suggested had been implemented by managers such as shelves in the en-suite bathrooms for toiletries and individual boxes for each bathroom containing sufficient supplies to deliver personal care without having to leave the person's room to collect anything.

The manager consulted external agencies to assist them in keeping abreast of the changes in regulation. The manager said an independent consultant visited the service on a four weekly basis to undertake quality monitoring audits on behalf of the provider. The audit system, to continuously monitor the quality of the service for people had been amended to reflect the changes in inspection approach. For example, to answer all key five key questions across the home. Staff had also been given guidance and support to enable them to be confident to speak with inspectors. This meant that we were able to get an open and honest account of the service from staff.

The home had developed positive relationships with the local hospital and hospice. Nurses from the hospice visited the home to provide training and advice for staff delivering end of life care to people. Student nurses were involved in the home to both support them with their learning and to spend time with people which was important as many people living at the home were frail and unable to attend day centres or clubs. We saw there were numerous visitors welcomed by staff to the home throughout our inspection which encouraged people to maintain links with their friends and local community.