R Sons (Homes) Limited

Orchard House Residential Care 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 unannounced inspection took place on the 11 June 2015.

Orchard House Residential Care Home accommodates and provides care for up to 33 older people, most of whom have dementia care needs. There were 27 people in residence during this inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People's needs had been assessed prior to admission to the home. There were appropriate care plans in place for

Summary of findings

each person that were regularly reviewed and updated. People benefited from receiving care from staff that listened to and acted upon what they said, including the views of their relatives, friends, or significant others.

People were cared for by sufficient numbers of staff were experienced and trained to meet their needs. Recruitment procedures were robust and protected people from receiving care from staff unsuited to the job.

People received care from competent staff that understood their role and knew what was expected of them when caring for older people. Staff were attentive, friendly and enabled people to do things for themselves by providing people with the individualised care that suited their needs.

People's health and wellbeing needs were met by staff that were supported by community based healthcare professionals as and when required. The advice of healthcare professionals was acted upon by staff and people's prescribed treatments were provided in a timely way.

People's individual nutritional needs were assessed, monitored and met. People who needed support with eating and drinking received the help they required. People enjoyed their food, had enough to eat and drink, and the choice of foods available took into account people's tastes, preferences and cultural backgrounds. They enjoyed a varied and balanced diet to meet their nutritional needs.

People's medicines were appropriately and safely managed. Medicines were securely stored and there were suitable arrangements in place for their timely administration.

People were assured that if they were dissatisfied with the quality of the service they would be listened to and that appropriate remedial action would be taken to try to resolve matters to their satisfaction. People knew how and who to complain to.

People received care from staff that were supported and encouraged by the provider and the registered manager to do a good job caring for older people. The service provided was effectively quality assured by the audits regularly conducted by the registered manager and the provider.

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.

Good

The risks associated with people's care had been assessed and acted upon when they were admitted to the home. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People received their care from sufficient numbers of staff that had the experience and knowledge to provide safe care.

People's medicines were competently administered and securely stored.

Is the service effective?
The service was effective.

Good

People received care from staff that had the training and acquired skills they needed to provide good care.

People's healthcare and nutritional needs were met and monitored so that other healthcare professionals were appropriately involved when necessary.

Staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

Is the service caring?
The service was caring.

Good

People were treated kindly, their dignity was assured and their privacy respected.

People were individually involved and supported to make choices about how they preferred their day-to-day care. Staff respected people's preferences and the decisions they made about their care.

People received their care from staff that engaged with them, encouraging and enabling them to be as independent as their capabilities allowed.

Is the service responsive?
The service was responsive.

Good

People's care needs were assessed prior to admission and were then regularly reviewed so that they received the timely care they needed.

People's care plans were individualised and where appropriate had been completed with the involvement of significant others. People were supported to maintain their links with family and friends.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Summary of findings

Is the service well-led?

Good

The service was well-led

People benefited from being supported by staff that a good understanding of what constituted good care. Staff were enabled to maintain good standards of care because they received the managerial support they needed and acted upon their collective and individual responsibilities.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People benefited from receiving care from staff that were encouraged to put forward ideas for making improvements to the day-to-day running of the service.

Orchard House Residential Care 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 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 was carried out by an inspector and took place on the 11 June 2015.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service.

We took into account people's experience of receiving care by listening to what they had to say. We also used the 'Short Observational Framework Inspection (SOFI); SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We undertook general observations in the communal areas of the home, including interactions between staff and people. We viewed four people's bedrooms by agreement.

During this inspection we spoke with four people who used the service, as well as two visitors to the home. We looked at the care records of four people. We spoke with the registered manager, and four care staff. We looked at four records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider and registered manager.

Good

Is the service safe?

Our findings

People's care needs were safely met by sufficient numbers of experienced and trained staff on duty. People said that they received the care and support they needed from the care staff. We saw that people received care and support in a timely manner. Care staff were appropriately deployed in sufficient numbers around the home. A visitor said, "There's always enough staff about the place. I've never been worried about that or my [relative's] safety." If people's changing needs necessitated additional staff being on duty timely arrangements were made to facilitate this. Care staff were able to focus upon safely meeting people's needs because there were supportive ancillary staff on duty to ensure that other time consuming tasks, such as cleaning, cooking and general maintenance were done. When we inspected, the registered manager was on holiday and a senior member of staff had the delegated responsibility for managing the home with the support of the provider.

People were safeguarded from physical harm or psychological distress arising from poor practice or ill treatment. All staff had received training in how to recognise and report abuse. There were clear policies and procedures in place to protect people. Care staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed or suspected ill treatment or poor practice. Care staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adults team.

People's needs were regularly reviewed by staff so that risks were identified and acted upon as their needs changed. People's risk assessments were included in their care plan and were updated to reflect pertinent changes and the actions that needed to be taken by care staff to ensure people's continued safety. All staff were trained in emergency first aid. Accidents and incidents were regularly reviewed to look for any incident trends and control measures were put in place to minimise identified risks, such as ensuring people were protected from falls by providing them with appropriate walking aids and care staff support.

People's medicines were safely managed and they received their medicines in a timely way and as prescribed by their GP. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. All medicines were competently administered by care workers that had received appropriate training.

People were safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because there were robust recruitment policies and procedures in place that had been acted upon. Staff were checked for criminal convictions and satisfactory employment references were obtained before they started work.

People were assured that regular maintenance safety checks were made on safety equipment, such as the fire alarm, smoke detectors and emergency lighting. Other equipment used to support care staff with people's personal care, such as hoists, was regularly serviced to ensure safe operation.

Good

Is the service effective?

Our findings

People received care and support from care staff that had acquired the experiential skills as well training they needed to care for older people, including caring for people with dementia care needs. Newly recruited care staff had received a thorough induction that prepared them for working at the home. Staff confirmed their induction provided them with the essential knowledge they needed before they took up their care duties.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. 'Best interest' meetings were convened with people's representatives and appropriate professionals if a person lacked the capacity to make a decision about the care they needed. Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. Care staff were aware of, and understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately. We saw that appropriate applications for DoLS authorisation had been submitted where required.

People received timely healthcare treatment and staff acted upon the advice of other professionals that had a role in people's treatment. People had their physical and mental health needs monitored. There were regular reviews of people's health and the home responded to changes in need. Arrangements were in place for people to consult their GP and receive treatment from other healthcare professionals, such as the chiropodist or optician. A visitor said, "If [relative] is poorly they [registered manager] always makes sure [relative] sees the doctor."

People's needs were met by care staff that were effectively supervised. Care staff had their work performance regularly appraised at regular intervals throughout the year by senior staff, including the registered manager. Care staff participated in 'supervision' meetings and staff confirmed that the senior staff and registered manager were readily approachable for advice and guidance.

People's nutritional needs were met. People said they had enough to eat and drink. One person said, "I enjoy my meals. I get plenty to eat and have no complaints at all." Another person told us "The food is lovely and if you don't like what is on the menu they [Chef] will cook me something else." People received a nutritional assessment and if required were referred to specialist support.

Care workers acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets or food supplements.

The chef was knowledgeable about people's food preferences and dietary needs and acted upon this information when meals were prepared. Where people were unable to express a preference the kitchen staff used information they had about the person's likes and dislikes. We saw that portions of food served at lunchtime were ample and suited people's individual appetites. People that needed physical assistance to eat their meal had the appropriate support provided in a dignified and unhurried manner. Hot and cold drinks were readily available and care workers prompted people to drink, particularly people whose dementia had compromised their ability to communicate verbally.

Good

Is the service caring?

Our findings

People's dignity and right to privacy was protected by care staff. People's personal care support was discreetly managed by care workers so that people were treated in a dignified way. Care staff made sure that toilet and bathroom doors were kept closed when they attended to people's intimate personal care needs.

People received their care and support from care staff that were compassionate, kind and respectful. One person said "The staff just can't do enough for me, I'm so pleased with all of them"; another person said "All the staff are lovely and they do everything that I ask them to for me." A visitor said, "I am very pleased with how they care for [my relative] she is always clean and well cared for." We heard staff discretely asking people if they would like to be helped with personal care.

People's individuality was respected by care staff that directed their attention to the person they were engaging with. Staff used people's preferred name when conversing with them. People that were unable to verbally express their views were at ease with the staff that supported them. We saw people smiling and touching staff when they were approached. People's sense private space was respected by care staff. Care staff physically approached people with an explanation of what they were doing so that they avoided abruptly 'invading' the person's perception of their 'personal' space'.

People were kept comfortable by care staff that were vigilant. Care staff knew the behaviours of the people they supported and responded promptly when people needed help or reassurance. Care staff were able to tell us about the signs they looked for that signalled if an individual was unsettled and needed their attention. They a good knowledge of the people they cared for and were able to tell us about individual's personal histories and interests.

People's visitors were happy with the welcome they received from care staff. One visitor said, "I visit whenever I want. They [care staff] are always friendly." Care staff said that visitors are never discouraged unless a person has chosen not receive visitors at a particular time.

People's bedrooms were personalised with keepsakes they liked and these mementos contributed towards them feeling that they were in familiar surroundings and retained a connection with their past.

Good

Is the service responsive?

Our findings

People's ability to care for themselves was assessed prior to their admission to the home. Their preferences for how they wished to receive their care, as well as their past history, interests and beliefs were taken into consideration when their care plan was agreed with them or their representatives. When people moved into the home from other services there was a well-documented and planned transition that ensured a 'holistic' picture of people's needs was established. The registered manager and the care staff team worked efficiently and responsively with the other providers of other services and people's families and ensured the transition went as well as possible. One relative told us "The staff came a long way to assess [my relative] and they went through everything about the home and talked about activities and friendships that could be made. I was really pleased."

People's care plans contained information about their likes and dislikes as well as their needs. They contained information about how people communicated as well as their ability to make decisions about their care and support. If people's ability to communicate verbally had been compromised then significant others were consulted so that care plans reflected people's preferences as much as possible.

People received the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period when the passage of time introduced additional care needs.

People had a range of activities that were organised or on offer on a daily basis. These activities suited people's individual likes and dislikes. People were supported with activities inside the home and in the community. Recently a group of people went to a local commemorative 'D-Day' event and a summer party and 'BBQ' was planned. We were told about singing sessions that happen on a regular basis and participatory communal exercise sessions. Activities planned for the week ahead were available on a public notice board. People could freely choose to join in with communal activities if they wanted to. A range of 'tactile activities' were also provided, such as nail painting or hand massage.

People who preferred to keep their own company were protected from isolation because care staff made an effort to engage with them individually. They used their knowledge of the person's likes and dislikes to strike up a conversation or encourage them to participate in communal activities or in a one-to-one activity they enjoyed.

People were encouraged to make everyday choices about their care and how they preferred to spend their time. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice.

People, or their representatives, were provided with the verbal and written information they needed about what do if they had a complaint. One person said, "I know how to complain, I wouldn't draw back if I needed to say anything, but I've never had to complain about anything." A visitor said, "I've not needed to complain about the care of [relative] but they [care staff] are all so attentive so I'm confident they would sort it out. [Registered manager] said it's important to speak up if anything worries me or if I think anything needs sorting." There was a complaints procedure in place. People told us and records showed that complaints were responded to in a timely manner and outcomes and lessons learnt were recorded.

Good

Is the service well-led?

Our findings

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. A registered manager was in post when we inspected that had the knowledge and experience to motivate care staff to do a good job. Care workers confirmed that the registered manager or other senior staff were always available if they needed guidance or support. We saw there was always a senior member of staff 'on call' when night care staff were on duty.

The registered manager used regular supervision and appraisal meetings with care staff constructively so that any ideas for improving people's service were encouraged. Meetings were held for people and their relatives or other significant others to comment on the quality of the service and, if necessary, make suggestions about what they felt was desirable to improve the quality of the service. Staff meetings were regularly held and provided an opportunity for all staff to be constructively outspoken about the quality of the service provided. The provider and registered manager encouraged and enabled all staff to reflect on what constituted good practice and identify and act upon making improvements whenever this was needed. A member of staff said, "I really enjoy my job, I love working here and getting the job satisfaction"

Care staff said the provider and registered manager were very approachable and they felt confident that if they witnessed poor practice they could go directly to them and that timely action would be taken. They had also been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).

People were assured of receiving care in a home that was competently managed on a daily as well as long term basis. People's care records were fit for purpose and had been reviewed on a regular basis. Care records accurately reflected the daily care people received. Records relating to staff recruitment and training were also fit for purpose. They were up-to-date and reflected the training and supervision staff had received. Records relating to the day-to-day management and maintenance of the home were kept up-to-date. Records in relation to the administration, storage and disposal of medicines were well maintained and monthly medicines management audits took place. Records were securely stored in the registered manager's office to ensure confidentiality of information. Policies and procedures to guide staff were in place and had been updated when required.

People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager and by the provider. These audits included analysing satisfaction surveys and collating feedback from individuals, from staff and service user meetings, as well as from comments from visitors to the home including relatives and healthcare professionals.

People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.