

Broadoak Group of Care Homes

Orchard House

Inspection report

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Ratings

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

Summary of findings

Overall summary

We inspected the service on 30 June 2017 and the inspection was unannounced. Orchard House is a care home providing accommodation for up to 30 older people who require assistance due to their age or people living with dementia or physical disabilities. There were 22 people using the service at the time of our inspection

There was a registered manager in post. It is a requirement that the service has a registered manager. 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.

At our previous inspection on 8 & 9 February 2016 we found that the service was not meeting three of our regulations and improvements were required. The provider sent us an action plan and at this inspection we found that the actions had been implemented and improvements had been made.

People told us they felt safe. Staff understood their responsibilities to keep people safe from abuse and from avoidable harm. Risk was assessed and management plans were put in place and followed to that risk could be reduced.

Arrangements for managing people's medicines were safe and in line with current guidance. One person had not received their medicines because there was no stock available. The registered manager took action to address this during our inspection. Medicine administration was accurately recorded and medicines were stored in the correct way.

People received care and support from staff that had the knowledge and skills they required to meet people's needs and were supported to do so. Staff were able to communicate with people effectively and they knew about people's individual needs.

Staff sought people's consent before carrying out care and support. Capacity to make decisions was assessed and staff followed the principles of the Mental Capacity Act and only deprived people of their liberty if this was in their best interests and was lawful.

People were supported to have enough to eat and drink and enjoyed the meals provided. Staff knew people's eating and drinking needs and recognised risk and took action where this was required. People had access to the healthcare they required and staff were able to recognise deteriorating health and knew what action to take,

People and staff had positive relationships and staff were caring and respectful. Staff knew about the things that mattered to people and gave people choice in their day to day lives. People had their privacy and

dignity protected.

Care and support was delivered in the way people preferred and met their needs. People's relatives and visitors were made to feel welcome at the service. Staff knew about people's cultural and religious needs and supported people to follow them. There were a range of activities available but opportunities for people to follow their chosen hobbies and interest could be developed further.

People knew how to make a complaint and felt sure they would be listened to and action would be taken. People had confidence in the registered manager and felt they were open, approachable and accessible. There were effective systems in place to monitor the quality of service provision. People were asked for their feedback and this was used to make changes and improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood their responsibilities to protect people from abuse and avoidable harm.

Risk was assessed and risk management plans were in place and followed.

There were enough staff with the right experience to meet people's needs. Safe staff recruitment procedures were followed.

People mostly received their medicines at the right time and the management of people's medicines was safe.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to meet people's needs and communicate effectively.

People were asked for their consent for care and support and staff were following the principles of the Mental Capacity Act.

People were supported to have enough to eat and drink and had access to healthcare services.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect.

Staff supported people to make decisions about the care and support they received.

People had their privacy and dignity respected.

Is the service responsive?

Good ●

The service was responsive.

People had their needs assessed and received care that met their individual needs and preferences.

There were a range of activities on offer but these did not always reflect people's unique hobbies and interests.

People knew how to make a complaint and felt assured that action would be taken.

Is the service well-led?

The service was well-led.

People and staff spoke positively about the registered manager and said they were supported.

People, relatives and staff views and feedback were taken into account to improve the service.

The quality of the service was monitored and safety checks were carried out.

Good ●

Orchard House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The inspection visit took place on 30 June 2017 and was unannounced. The inspection team consisted of one inspector.

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 reviewed information that we held about the service to plan and inform our inspection. This included information that we had received from people who used the service and from other interested parties such as the local authority. We also reviewed statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us.

We spoke with six people who used the service and three relatives. We spoke with the registered manager, deputy manager, two members of the care staff and the cook. We looked at the care records of five people who used the service. We also looked at records in relation to people's medicines and health and safety and documentation about the management of the service. These included policies and procedures, training records and quality checks that the registered manager had undertaken. We looked at two staff files to see how the provider had recruited and supported staff members.

Is the service safe?

Our findings

At our last inspection on 8 & 9 February 2016 we found that people were not always protected from environmental risks such as hot radiators and the insufficient management of hot and cold water systems. Some risk had not been identified and some people were at risk of falling. These matters were a breach of Regulation 12 (1) (2) (a) (b) & (d): Safe care and treatment. Health and Social Care Act 2008 (regulated activities) Regulations 2014 (Part 3). The provider sent us an action plan and at this inspection we saw that improvements had been made and the regulation was being met.

Radiators had been fitted with a cover to protect people from burning themselves. Systems had been put in place to manage the risk posed by hot and cold water systems and reduce the risk of infection. People had their risk of falling assessed and managed appropriately. We saw that there was always a member of staff in the communal area to check that people were safe and offer assistance if this was required.

People had their risk of falling assessed and action was taken when risk was identified. For example, staff had consulted healthcare professionals about one person's high risk of falling and a pressure mat was being used to alert staff when the person stood up in their room. This meant that staff could check on the person when alerted by the pressure mat.

At our last inspection we found that staff did not always take appropriate action when people sustained injuries. These matters were a breach of Regulation 13: Safeguarding service users from abuse and improper treatment. Health and Social Care Act 2008 (regulated activities) Regulations 2014 (Part 3). The provider sent us an action plan and at this inspection we saw that improvements had been made and the regulation was being met.

Staff we spoke with knew what action to take in the event of an accident or on finding an unexplained injury. A staff member told us they would always seek medical advice if a person sustained a head injury. They told us they reported and recorded any unexplained injury such as bruising or other skin changes. Records showed that this was the case. Staff knew how to recognise signs of abuse and said they would report this to their manager. They felt confident that appropriate action would be taken and knew how to contact other authorities such as the local authority safeguarding team.

People had 'personal evacuation plans' so that staff knew the quickest and safest way to move each person in the event of a fire. Fire drills were held and staff were given different scenarios and asked how they should respond. Fire alarms and fire safety equipment checks were carried out weekly.

Most people told us they received their medicines at the right time. Accurate records were maintained about medicines received into the service and those returned when no longer required. This meant that staff had a clear audit trail and could check that people had received their medicines. However, one person had not had their pain relieving medicine for two days because there was no stock available. The registered manager took action during our inspection to ensure that people had access to their prescribed medicines at all times.

Medicines were stored in a safe way and in line with requirements. Staff monitored the temperature of the medicine fridge to check that temperatures remained within safe limits. Staff had received training about the safe management of people's medicines and had their competency assessed. Additional training had been provided by the community nursing team about administering eye drops. The registered manager told us there was nobody wishing to manage their own medicines at the time of our inspection but that this could be accommodated subject to a risk assessment. We saw that staff gave people their medicine in a safe way and assisted people to take their medicine where this was required.

People said there were enough staff to meet their needs. One person told us that staff always answered their call bell quickly. A relative told us there was always enough staff but another relative said that at times there were no staff available in the communal lounge. The registered manager told us that there must be at least one member of staff in the communal lounge at all times. Throughout our inspection we saw that there were enough staff available to meet people's needs. Staff we spoke with told us there were enough staff to meet people's needs. They told us that existing staff covered when there were shortfalls but there was no pressure on them to do extra shifts. The registered manager told us that staffing numbers and skill mix were calculated based on people's dependency needs.

We looked at the recruitment files of three staff that worked at the service. We found that pre-employment checks had been carried out. This meant that two references from previous employers had been obtained and checks were carried out with the disclosure and barring service for criminal records and to see if they had been barred from working in this sector. This meant that so far as possible only staff with the right skills and character were employed.

Is the service effective?

Our findings

At our last inspection on 8 & 9 February 2016 we found that improvements were needed because some staff had not received all the training they required to meet people's needs. At this inspection we saw that improvements had been made. People told us that staff were competent and could meet their needs. One person said "The staff are pretty good and know what they are doing." Staff received induction training when they first began working at the service. The registered manager told us they were introducing the 'care certificate' for all new staff. This training offers nationally recognised sector specific training so that staff have the skills to meet people's needs. Records showed that staff training was provided and updated as required. Staff had received most of the training they required to meet people's needs and where there were gaps the training had been booked in.

Staff told us they had the training they required and felt supported. A member of staff told us that recent training they had attended about safe 'moving and handling' had been a useful refresher about safe techniques and the use of equipment. They also told us that they had attended training about dementia care and this had helped them to empathise with how people living with dementia may feel and experience things.

People were asked for their consent before staff provided any care or support. People had their capacity to make decisions assessed. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff we spoke with were able to describe how they communicated with people effectively and encouraged people to make their own choices. Staff had received training about the MCA and about the Deprivation of Liberty Safeguards. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and DoLS and found that they were.

Staff knew how to apply DoLS in the least restrictive way. They knew about people's individual needs and the triggers that may lead to risky behaviour. For example, staff knew that one person often became upset following a visit from their family. Staff knew this and were able to offer reassurance and distraction from the person's distress.

People were supported to eat and drink enough and maintain a balanced diet. People told us they liked the meals and said they had enough to eat and drink. One person said "The food is marvellous." We saw that the lunchtime meal was served to people in an unhurried manner and people were chatting to each other and to staff. People were assisted where this was required in an appropriate way. People with communication difficulties were shown two meals and this enabled them to select the meal they preferred.

People had their risk of malnutrition assessed. Staff had identified that one person was finding it difficult to drink sufficient amounts. We saw that the amounts they drank each day were being monitored and staff were encouraging fluids little and often through the day and night. Staff knew about peoples eating and drinking needs and their preferences. They told us how one person did not like savoury food but would eat desserts and so was offered second helpings to make sure they had enough to eat. The cook spoke with people about the meals provided every day and also knew about people's needs and preferences. They were able to give us examples of when alternatives had been provided when people did not want any of the meals on the menu.

People had access to the healthcare services they required. A doctors clinic was held at the service every Monday so that people could see their doctor if they needed to. People told us they could also see their doctor at other times if they needed to and records seen confirmed this was the case. Staff were able to recognise when people were unwell and gave us examples of when they had contacted the doctor and community nursing team.

Is the service caring?

Our findings

People were treated with kindness and compassion. One person said "I get on really well with the staff." Another person told us they 'had a laugh' with the staff. Throughout our inspection we saw that staff were spending time sitting and chatting with people. People were relaxed and at ease and staff were kind and positive. A staff member told us "I treat people like I would my own parents. There is a good team here and staff are very supportive."

Staff knew people well and knew the best way to communicate with people. They knew about people's preferences, personal histories and the things that were important to them. People's cultural and religious beliefs were taken into consideration. We saw that people's religious needs were recorded in their care plans and information about how these could be met. Staff had received training about equality and diversity. The provider had an equal opportunities policy and staff were aware of this. A member of staff told us that people were accepted and their needs were met in the ways they preferred.

People were involved in making decisions day to day and were able to be as independent as possible. One person said "I can do what I like." People's relatives were invited to attend care review meetings where this was appropriate.

People's relatives told us they were consulted and kept informed about any changes. Visitors told us they were made to feel welcome. One visitor told us "I come when I like and take my relative out, the carers are absolutely wonderful." Information about how to contact advocacy services was available at the service. One relative told us there had been an occasion where confidential information had been given to a friend of the person and this was not appropriate. They also told us that while some staff were brilliant others could be 'impatient'. They told us this had been addressed by the registered manager. Staff had received training about protecting people's privacy and dignity. They were able to describe how they did this such as keeping people covered during personal care. Staff knew about keeping information confidential and secure.

People said they had their privacy and dignity protected. One person told us how they had a key and could lock away their personal possessions. We saw that people had been reminded they could have a key to their room at the latest 'residents meeting'.

Is the service responsive?

Our findings

At our last inspection on 8 & 9 February 2016 we found that improvements were needed because there were restrictions about when people could access the dining room and some people were getting up very early and not receiving care and support that met their needs and preferences. At this inspection we found that improvements had been made. People told us that they could choose when to get up and when to go to bed. The registered manager told us they had spoken to staff and instructed them that people must be given choice and should not be woken early in the morning. The registered manager carried out early morning visits to the service to check that staff were adhering to this.

People had their needs assessed before they moved into the service to ensure their needs could be met. We saw that people had a needs assessment, risk assessments and a plan of care for each need identified. We saw that people or their relatives had been involved in developing the care plan and with the monthly review.

People's life histories and the things that were important to them and their preferred hobbies and interests were recorded. Staff knew people well and knew about people's previous occupations and the things that interested them. We saw that people were able to take part in activities such as watching TV, reading and doing puzzles and playing games. 'Residents' meetings were held so that people could give their feedback and help to develop the service. We saw that activities had been discussed at the last meeting. Some people went out with their relatives. Staff told us that many people did not want to access the activities on offer and did not want to go out. One person we spoke with confirmed that this was the case.

The registered manager told us that staff carried out reminiscence sessions with people. This involved using the information recorded about people's life histories and sitting and chatting with the person. Reminiscence is particularly beneficial for people living with dementia. We were told that a '1940' day was held and people had a tea party and staff dressed up in 1940's clothing. Providing opportunities for people to follow their chosen hobbies and interest could be developed further. For example, a visitor told us told us their relative used to enjoy gardening but had not done this for some time.

People told us they knew how to make a complaint and would feel comfortable doing so. Two visitors told us that when they brought up any concerns these were dealt with promptly. Minutes of the last resident's meeting showed that people had been reminded of the complaints procedure and how to make a complaint. Records showed that appropriate action had been taken in response to complaints and the information had been used to develop the service.

Is the service well-led?

Our findings

At our previous inspection on 8 and 9 February 2016 we found that environmental audits were carried out but these had failed to identify the environmental issues that we found. These audits were not effective at assessing and monitoring the environmental risks to people's health and safety.

These matters constituted a breach of Regulation 17 (1) (2) (b) (c) & (e): Good Governance Health and Social Care Act 2008 (regulated activities) Regulations 2014 (Part 3). The provider sent us an action plan and at this inspection we found that improvements had been made and the regulation was being met. Repair and maintenance had been carried out as described in the provider's action plan. Windows had been replaced and radiators were covered so that people were no longer at risk when they were hot. A cleaning schedule had been introduced. The registered manager carried out weekly checks on the premises and on equipment. We saw that action had been taken where shortfalls were identified. We did see that a reclining chair was ripped and in need of repair or replacement. We discussed this with the registered manager who assured us that action would be taken.

All accidents were recorded and these were audited monthly to check for any evidence of patterns or trends. Appropriate action was taken to reduce further risk. For example one person who had frequent falls had been referred to a 'falls clinic'. Records showed that routine safety and maintenance checks were carried out and certificates of safety were up to date. Checks were also carried out on care records, medicines and infection control procedures.

Questionnaires were sent to people annually so that people could give their feedback and suggestions for improvement. An analysis of 2016 results were displayed in the reception along with action taken in response. For example, people had asked for improvements in the environment and the carpet had been replaced with laminate flooring. Some parts of the communal areas still required updating. The provider and registered manager told us there was a redecoration and refurbishment plan in place. The lounge and corridors were to be repainted and curtains in the lounge replaced by the end of the year.

Meetings were held for residents and for staff so that changes could be communicated and people could give their feedback. Records of these meetings showed that people had requested changes to the menu and these had been implemented. People's relatives had requested an information board and coat hooks and these had been provided.

People and staff told us that the registered manager was approachable and supportive. A visitor said "My relative would prefer to speak to the manager than speak to me". A staff member told us that the registered manager would always listen to them. Another member of staff told us they were 'a good team'. As well as supporting staff with supervision meetings, competency assessments were also carried out to check that staff were working in the right way.

The registered manager understood their responsibilities with regards to their registration with CQC. They told us about incidents and sent us notifications as they were required to.

