

Oriel Care Home Limited

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Inspection report

87 Hagley Road
Stourbridge
DY8 1QY

Tel: 01384 375867

Website: www.oriel.care@btconnect.com

Date of inspection visit: 21 and 22 October 2015

Date of publication: 29/12/2015

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 took place on 21st and 22nd October 2015 and was unannounced. Oriel Care Home Limited provides accommodation for up to 29 people who require personal care. They also provide a domiciliary service to people who live in their own home. On the day of our inspection there were 28 people living at the care home and two people were being supported to live independently in the community.

There was a registered manager in post and she was present during our inspection. 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.

People in both services were positive about the care they received and they all told us they felt safe. People told us that staff knew them well and supported them in their preferred way. We saw that staff had developed a good rapport with people who uses the services. People that lived in the care home commented on the homely atmosphere within the home.

Summary of findings

The staff had a clear awareness and understanding of potential abuse and knew how to protect people from the risk of harm. There was enough skilled and experienced staff to meet people's needs in both services. Staff was recruited in a safe way which ensured they were of a good character to work with people who used these services.

Risk assessments and care plans had been developed with the involvement of people. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way. People had equipment in place when this was needed, so that staff could assist them safely.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005

(MCA) and Deprivation of Liberty Safeguards (DoLS). Staff knew about people's individual capacity to make decisions and supported people to make their own decisions.

People were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy. People were supported to maintain good health; we saw that staff alerted health care professionals if they had any concerns about their health. People knew how to make a complaint and were confident that their complaint would be fully investigated and action taken if necessary.

People described the management team of the home as approachable and they said they felt the services were well managed. Arrangements were in place to assess and monitor the quality of the services, so that actions could be put in place to drive improvement. The management of the service was open and transparent.

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 felt safe and staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented in people's care plans.

People were supported to take their medicines as prescribed. There were sufficient staff to support people and recruitment procedures were thorough to ensure the staff employed were suitable to support people.

Good



Is the service effective?

The service was effective.

People's needs were met by staff that were suitably skilled. Staff felt confident and equipped to fulfil their role because they received the right training and support.

Staff understood the principles of the Mental Capacity Act 2005 so that people's best interests could be met. People were supported to eat and drink enough to maintain their health, and staff monitored people's health to ensure any changing health needs were met.

Good



Is the service caring?

The service was caring.

Staff were kind and caring and treated people respectfully. Staff supported people to maintain their dignity and privacy. People's personal preferences were met and they were supported to maintain their independence and autonomy. People were involved in important discussions and decisions about how they were cared for and supported.

Good



Is the service responsive?

The service was responsive.

People were actively involved in developing their care plan which was updated when their needs changed. People who lived in the care home were supported to follow their interests and take part in social activities.

People knew how to raise any complaints or concerns and felt listened to.

Good



Is the service well-led?

The service was well led.

People were encouraged to share their opinion about the quality of the services to enable the manager to identify where improvements were needed.

Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality of the services provided.

Good



Oriel Care Home Limited

Detailed findings

Background to this inspection

‘We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.’

This inspection took place on 21 and 22 October 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we looked at the information we held about the service. This included the notifications that the provider had sent us about incidents at the service and information we had received from the public. We also contacted the local authority who monitor and commission services, for information they held about the service.

We spoke with three people who lived at the home, both the people who lived in the community, three visitors, the registered manager, seven care staff and the cook, and the managing director. We looked at the care records for eight people. We looked at the way people’s medicines were managed, three recruitment files, staff training records and the manager’s quality monitoring audits. We did this to gain people’s views about the care and to check that standards were being met.

Is the service safe?

Our findings

People who used the services and their relatives told us that care and support was delivered in a safe manner. People confirmed they felt safe and comfortable when they were supported by the staff team. One person told us, “I feel very safe here, I didn’t like living on my own, as I didn’t feel safe which is why I moved in here, but now I feel safe as I know the staff are here to look out for me and help me”. A relative told us, “We have peace of mind now that our relative is being looked after. The staff help them walk and they have gained confidence now as they know they are safe and that the staff are here to support them”.

The people we spoke with who were supported to live independently told us that staff supported them at the times that suited them. One person told us, “The staff visit when I need them to and help with my personal care so I am safe as I have fallen in the past. I wear a pendent which is reassuring, I pressed it by mistake and the staff came very quickly, this makes me feel safe”.

Staff we spoke with had a good understanding of their responsibilities to keep people safe, and they confirmed they had received training to ensure they were able to recognise when people may be at risk of harm. All of the staff we spoke with was aware of the procedures to follow if they felt someone was at risk. One staff member told us, “If I saw that a person was at any kind of risk or if I had concerns I would report it straight away to a senior or the manager. I know that action would be taken to protect people from harm or abuse”.

We saw that people in both services had risk assessments in place which identified any risks due to their health and support needs. These assessments included information for the staff to follow to minimise the chance of harm occurring. Some people were at risk of developing pressure sores due to their fragile skin and we saw that cushions were in place to prevent this. Some people required support to stand and we saw staff support these people in accordance with their plans offering reassurance at all times. One relative we spoke with told us, “The staff are very encouraging trying to remobilise my relative using a frame when they are strong enough, and there is always two staff with them. If they don’t feel up to it, then the staff use a wheelchair”. A staff member we spoke with told us, “Everyone is assessed and if there are any potential risks then a plan is put in place to tell us how we should support

people, or how we should monitor them, to ensure any risks are reduced. These are kept under review based on people’s changing needs and all staff members can access these on the computer system we use”.

All of the people in both services that we spoke with told us they were satisfied with the staffing levels. One person said, “I think there is enough staff but at times they do seem rushed but they always attend to me when I need them”. Another person said, “There is enough staff to meet my needs, they are very good”. A relative we spoke with said “I think the staffing levels are good I have never had an issue or concern about there not being enough staff”.

We observed that staff was available in the lounge areas to support people with their needs, and where people required assistance we saw that staff responded in a timely manner. Staff we spoke with told us they thought the staffing levels were sufficient, but at times they did feel rushed due to some people’s deterioration in needs. All of the staff we spoke with confirmed they felt confident to raise any concerns with the management team. We discussed the concerns raised with the manager who agreed to discuss the issues with the staff and review the staffing levels and deployment. The registered manager confirmed that she took people’s dependency levels into account when planning staffing levels. She was able to give examples how she has increased staffing levels previously based on feedback from staff. For example an additional staff member now worked in the morning to assist the night staff to support people who have requested to get up early.

People we spoke with who live independently told us they receive support from a consistent staff team, who “knew them well”. They raised no concerns about the staffing levels. One person said, “We get the support we need when we need it I have no concerns”.

People told us they were happy with the support they received and we saw recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staff members character and their suitability to work with the people who used the service.

People in both services were happy with the support they received with their medicines. One person told us, “The staff give me my tablets as I would probably forget, and I have one early due to the type of tablet I need to take. If I

Is the service safe?

am in pain the staff will give me some pain relief I only have to ask". We saw people's medicine records were well maintained; staff had signed to confirm people had their medicines. We checked the balances for some people's medicines and these were accurate with the record of what medicines had been administered. We found that all of the people who were prescribed 'as required' medicines (PRN)

had supporting information in place to guide staff in the signs and symptoms which might indicate people needed their medicine. Staff we spoke with and records we looked at confirmed that staff had medication training. Observations of staff competencies were in place to ensure they practiced in a safe manner.

Is the service effective?

Our findings

People told us that they were happy with the care they received and that staff were helpful and supportive. One person told us, "You couldn't ask for better people to look after us here. The staff here are wonderful". Another person said, "The staff are very dedicated here they do a fantastic job looking after me". A relative we spoke with told us, "The staff are brilliant, some of them have been here for ages and I think they are very skilled and knowledgeable, they know what they are doing".

We saw that staff had the skills and knowledge to meet people's needs and promote their wellbeing. Throughout the day staff demonstrated that they understood people's needs and the support they needed. For example one person was supported to stand by staff using verbal prompts. We heard the staff member saying, "take your time and try and use the chair to push up one, two, three that is great well done". This support enabled the person to retain their independence and met their mobility needs.

Staff told us they received the training they needed to care for people effectively. Staff told us that there was an induction process in place to help new staff understand their role and told us this included reading care plans and training sessions. One member of staff told us, "When we have new starters they work alongside us during their induction. We all work well together and most of us have known each other a long time, so we all look out for new staff and support them". Another member of staff we spoke with told us about their role as a dignity and equality champion. They said, "I am responsible for the promotion of dignity and equality in this service. This means I observe the way we all work with people to ensure care is provided in a dignified way and respects people's human rights. If there are any issues I speak with staff or the manager".

The registered manager told us that all new staff have commenced completing the new Care Certificate induction process which had supported them to deliver good quality care to people. We saw that the registered manager had a system in place to monitor the training needs of the staff, and this included identifying when refresher training was needed. We heard from staff that training had previously been cancelled due to issues with the training provider. The

registered manager confirmed that a new provider has been sourced and that training is now being arranged. We saw that posters were displayed advertising future training events.

Staff confirmed they received regular supervision and an annual appraisal and we saw a plan was in place to ensure supervision was provided on a regular basis. Staff told us they were supported well by the management team and by each other. One member of staff said, "We can go to the manager or deputies at any time, we all support each other and work as a team, it's a nice place to work and I love my job".

Staff we spoke with had an understanding the requirements of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This legislation sets out the requirements that ensure decisions are made in people's best interests when they are unable to do this for themselves. A staff member we spoke with told us, "Everyone here has the capacity to make decisions for themselves, but if they didn't they would be assessed and we would support them based on the outcome of this and in their best interests". Throughout the inspection we observed and heard staff asking people's consent before providing support. For example one person was asked if they wanted to go to their room for a rest and they replied "No I am okay here", this decision was respected.

People we spoke with told us they enjoyed the food and were happy with the quality and quantity of food provided. We spoke with the cook who had a good knowledge of people's preferences and dietary needs. She confirmed that she received up to date information about people's likes, dislikes and dietary needs. We saw that one person who had told staff they didn't like anything on the planned menu, had their own individualised menu in place which had been devised with them.

We saw that feedback was sought from people about the food provided. For example, people told the staff and the cook that they didn't like the salmon pasta bake that was provided previously, so this has been removed from the menu.

We saw that there was a system in place to monitor people at risk of not eating or drinking enough. One person told us, "I have recently lost weight so the staff encourage me to eat more, and record what I have. I just seem to have lost my appetite recently, it's not the food". A staff member we

Is the service effective?

spoke with told us, “When risks are identified we monitor people’s intake and complete records. We also increase the frequency they are weighed and complete referrals to health professionals when necessary”.

People told us they were supported to maintain their health care needs. One person who was experiencing pain told us, “The staff are getting the doctor for me to check me over”. People confirmed they had access to other health care services. One person said, “They all come here. The

chiropodist comes. They (the optician) come and check your eyes. All our needs are met”. A relative we spoke with said, “The staff are very good, they have arranged for all the different healthcare professionals to come here and complete the routine checks for our relative. They keep us informed of any issues, we couldn’t ask for more”. We saw that records were in place to monitor people’s healthcare needs to ensure all the staff had up to date information about any changes or ongoing issues.

Is the service caring?

Our findings

We observed a positive and caring relationship between people who used the services and staff. We saw staff treated people with respect and in a kind and compassionate way. One person told us, "The staff are always very kind and caring towards me, I would soon say if they weren't". Another person said, "The staff are great, nothing is too much trouble we can have a laugh with them, this is the best home around here, I am in the best place". People who visited the service were very complimentary of the care. One relative told us, "The care provided is excellent, my relative is very settled here and happy, I wouldn't want them to be anywhere else".

We saw that staff encouraged people to make choices as part of their daily lives, for example we heard staff asking people about where they would like to sit and what they would like to do. People told us staff supported them to maintain as much independence as possible. One person told us, "The staff help me get dressed but I choose what I wear I am fussy about what I wear". Another person said, "I try and do what I can for myself and the staff encourage me, they never take away my independence, I like that".

People who are supported to live independently told us that staff only help them with the tasks they need support with. One person said, "They help me to have a bath as I cannot manage this myself now, but they always encourage me to wash myself and they help with the areas I can no longer reach. They listen and respect my privacy always". People confirmed that the staff always knock and gain permission before entering their home, and promote their independence in all daily living tasks. Staff we spoke with understood the importance of promoting people's independence and enabling them to be self-managing. One staff member we spoke with said, "Our aim is to maintain people's independence and we are led by people and what tasks they need help with as detailed in their support plans".

We saw that staff were attentive and observant when people living in the care home showed signs of discomfort, checking with them if they were in pain and ensuring people received pain relief when needed. We saw that staff engaged positively with people whilst providing them with support throughout the day. For example people were approached by staff in a sensitive and caring way. People were asked if they had everything they needed and staff checked on their wellbeing. One person told us, "Very good staff. They come and ask if there's anything you want." Another person said, "You only have to ask or if you're worried about something they will help you. Somebody to call without disturbing the family. They are very good".

We observed people's privacy and dignity was respected by staff when receiving care and support. For example when asking people if they needed to use the toilet, staff got close to the person and asked them quietly and discreetly, to ensure other people could not overhear. One person said, "The staff are discreet and don't embarrass me which is important". Another person told us, "One of the staff always trim my facial hair when I ask them to, this maintains my dignity and is important to me".

We saw that a poster regarding independent advocates was on display at the entrance to the home. Advocacy is about enabling people who may have difficulty speaking out to have support to make their own, informed, independent choices about decisions that affect their lives. Although nobody was using the services of an advocate at the time of our visit, the registered manager ensured people had this information available to them. The registered manager also advised us that a leaflet about accessing an advocacy service is provided to people when they request a brochure for the services.

Visitors we spoke with told us they could visit at any time and were always made to feel welcome by the staff team. One person's visitor said, "It's always nice when you come in. You're always welcome". Another visitor told us, "We visit quite a lot and are always greeted with a smile by the staff. It's a lovely place".

Is the service responsive?

Our findings

People confirmed that the support they received from staff met their individual needs. One person said, “I know what support I need and I get it, so I am happy with the care I receive”. Another person said, “I am very happy with the care I get, they help me when I need them to”. Visitors confirmed their relatives received support in their preferred way and that staff were responsive to their needs. One relative told us, “The staff have been great since my relative moved here, they support them with the tasks they need help with, we are very happy”.

We saw that people was involved in the way their care was provided. One person told us, “I have a monthly meeting with my keyworker and we go through my care plan and discuss what support I need and if my needs have changed. I feel involved and listened to and the staff are interested in what I have to say”. Staff we spoke with told us that part of their keyworker role was to ensure they involved people in their care plans and had regular meetings with them, to ensure they agreed with the level of support they received. It was also an opportunity to discuss any issues or concerns they may have about living in the services.

Relatives we spoke with also confirmed that they were involved in the care their relative received and they were informed if there were any changes. One relative told us, “They always keep us to date if there are any incidents or if our relative is not feeling well. We are invited to any reviews that take place, I feel very well informed”. Another relative said, “The staff involve us and we are invited to attend reviews, which we attend and we are always asked for our opinion”.

We saw that care plans included information about people’s previous lives, their likes, dislikes and preferences. Discussions with staff demonstrated that they understood people’s likes and dislikes and the way they preferred to be cared for. One member of staff told us, “It’s important that we understand about people’s earlier lives so we know what’s important to them and what they liked to do”. We saw that a staff member has wrote poems for some people about their life which they had proudly displayed in their bedrooms. One person told us, “Read that it tells you all about me and my life, how lovely it is that a staff member has done that for me”.

People told us there was an ongoing activities programme and they were able to able participant if they wanted. One person told us, “We have enough to do, I go out shopping, and we go out in the minibus. We have entertainers in which is something different and something to look forward to. I am able to maintain my hobbies and go out to them as I used to do when I lived at home”. Another person said, “There are activities and I join in when I want. We can go to church if we want to on a Sunday and we have the vicar come once a month”. A relative we spoke with told us, “They do activities. On Thursday they were making cakes. They do crafts and go to the church. It’s all available, my relative likes the exercises”.

The home had a designated activities co-ordinator, who following discussions with people devised a monthly activities programme. We saw that different activities were planned for the different lounge areas that people used. During our inspection we saw a variety of activities taking place which included; gentle exercises, nail care, bingo, quizzes, and people were taken out in the minibus. We also saw people participating in a sing along which was facilitated by the relatives of someone that had previously lived in the home. One person told us, “The activities lady is brilliant, she keeps us all going. She is like a breath of fresh air. We go to church fetes and she brings her family along too. We are lucky with the staff here”.

People we spoke with did not have any complaints about the service and their visitors told us that if they had any complaints they would report them to the manager. One person said, “If I had a complaint I’d have word with the manager”. Another person told us, “We have meetings, but I don’t wait for the meeting to say my peace, if you know what I mean, they already know”. One person did raise with us that they sometimes found it difficult reading the staff name badges. This was passed onto the registered manager who agreed to look into this. Relatives we spoke with all said they would speak to the manager if they had any issues, but none of them had any concerns. We saw there was a copy of the complaints policy on display in the home. Records were kept of complaints received and we saw that previous complaints had been responded to promptly and appropriately with the action taken recorded.

Is the service well-led?

Our findings

All of the people we spoke with told us they thought the services were managed well. One person told us, “The manager is good and makes sure this place runs well”. Another person told us, “The boss (manager) is always about and she comes and has a chat and makes sure we are okay, it’s a lovely place to live, and very homely I am very happy here”. It was evident that good relationships had been developed between the registered manager and people who used the services. For example we saw people smiling, laughing and joking with the registered manager. One person said, “The manager is approachable and will listen and help if she can. There isn’t anything I can’t talk about to her. You can talk to her if you have any problems”. It was clear from the discussions we had that the well-being and welfare of people was of paramount importance to the registered manager. We saw the registered manager spent time talking to people and that people knew who she was. Discussions with her demonstrated that she knew people well and knew about their specific needs.

All of the relatives we spoke with also complimentary about the way the services were managed and about the management team. One relative said, “The manager does a good job, she runs the home well, and is approachable. She knows what is going on with people which is reassuring”.

Another relative told us, “All the staff and manager are friendly. I’ve never had a problem. I am just very pleased with how my relative has settled in. They seem to know what’s happening with everybody”.

All of the staff we spoke with all confirmed they felt supported by the management team. One staff member told us, “The manager is approachable and always has time for us. I feel listened to and involved as the manager is open to new ideas. We have good teamwork here everyone including the management team work together for the good of the people who use our services”. Another staff member told us, “The manager is brilliant, she is visible and will help us if we are struggling; she is doing some cleaning today. She approachable and will listen, and has a good knowledge about things. I previously raised some concerns about staffing levels at the weekends as its sometimes hard fitting everything in and she is looking into this so I am confident things will improve”.

We saw that there were clear lines of accountability in the way both the services were managed. The registered manager was supported by two deputies who had key areas they were responsible for. For example one deputy was responsible for overseeing the small domiciliary service that was managed from the home. Tasks were clearly delegated to ensure that the services were monitored effectively and staff support systems were in place. Staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at Oriel care home and domiciliary service.

We heard from people and their relatives that regular meetings are held which are facilitated by the activities staff member. People told us they are able to raise and discuss any issues they may have or suggest ideas for the future. For example during the last meeting food was discussed and people requested a hot cooked breakfast more often which has now been arranged. One person we spoke with told us, “There was a residents meeting and I went to it. They are very good and they do sort things out”. A relative we spoke with told us, “They have ‘residents meetings’ and I have attended them, and we discuss all aspects of the home. I feel involved and able to raise any issues on behalf of my relative”.

In addition to these meetings we saw that people’s views were sought and surveys had been sent out as part of the quality assurance systems to gain feedback from people who the used the services. We saw that the surveys covered a variety of areas such as food, activities, management and staffing and involvement. Where comments were made about improvements we saw that these had been discussed and addressed during the ‘residents meetings’. For example, a comment was made that laundry items were not always returned swiftly. We saw from the minutes of the meeting that the laundry process was discussed and people were informed that staff aim to return clothes to people the following day.

During our inspection we saw that a staff meeting was held and staff were able to discuss any issues they had. The meeting was attended by the managing director who discussed the future development of the service and he responded to any staff questions and concerns. This reassured staff members and meant the staff team felt consulted and involved in the running of the services.

We saw that the registered manager had systems in place to monitor accidents, and incidents, which were analysed

Is the service well-led?

to identify any patterns or trends. We saw that when a pattern was identified the registered manager had taken action to minimise the risks of a re-occurrence. For example one person who had been identified as falling frequently had equipment in place to reduce the risk of further falls.

We saw that the registered manager had audits and quality monitoring systems in place to monitor the safety, effectiveness and quality of the service provided. For

example audits were completed to ensure care planning documentation was up to date, and medicine audits were completed to ensure staff were following the procedures in place. We saw that where shortfalls were identified action was taken, which included speaking to staff about their performance. This demonstrated that the service was monitored to ensure safe standards were in place. The registered manager was aware of her legal responsibilities to notify us of events that they were required to by law.

This section is primarily information for the provider

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.