

Orchard Care Homes.Com Limited

Cantley Grange

Inspection report

St Wilfrids Road
Cantley
Doncaster
DN4 6AH
Tel: 00 000 000
Website: www.example.com

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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?

Requires improvement 

Is the service well-led?

Good 

Overall summary

The inspection took place on 23 November 2015 and was unannounced. The home was previously inspected in April 2014 and the service was meeting the regulations we looked at.

Cantley Grange is situated in the village of Cantley on the outskirts of Doncaster. The home provides care for up to 40 people. Bedroom facilities are provided on the ground and first floor level of the building. Access to the first floor

is by a lift or stairs. There are communal areas including a lounge, and dining area on both floors. The home stands in its own grounds and there is a car park at the front of the building.

The service had a registered manager in post at the time of 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

Summary of findings

'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.

The provider had a policy to protect people from abuse. Staff had received training in this area and were knowledgeable about how to recognise and respond to abuse.

We saw that people received their medicines in a safe manner. Medicines were stored appropriately and temperatures were taken of the storage areas. The provider recorded medicines which had been administered on an Electronic Medication Administration Record (EMAR).

Care plans we looked at contained risk assessments, highlighting any risks associated with the persons care and how best to manage the risk presented.

We saw that there were enough staff around to ensure people's needs were met. On the day of the inspection we noted some staff shortage; however the staff worked well as a team and the registered manager also assisted.

Staff we spoke with told us training was of a good standard and it assisted them to carry out their role. The service had an electronic training record which highlighted when training was required.

People were supported to make decisions about their care and their choice was respected. Care plans included information about people's likes and dislikes.

People received a nutritious and balanced diet. Snacks and drinks were offered throughout the day.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support.

Through our observations it was clear that people had a good relationship with the staff and we were told they supportive and compassionate. We saw that staff respected people's privacy and dignity by knocking on bedroom doors, closing bathroom and toilet doors and by addressing people in a quiet, gentle manner.

We saw staff interacting with people and found this was in line with their care plan. Care plans were reviewed on a monthly basis and we saw that where appropriate changes had been made to reflect the person's current needs.

The provider had a complaints procedure displayed in the entrance area of the home. We spoke with people who used the service and their relatives and most told us they did not need to complain. None of the people we spoke with knew about the formal complaints procedure, but would speak with the registered manager. However, some people we spoke with were unsure if their comments were actioned.

During our inspection we saw the registered manager interacted well with staff and people who used the service. Her office door was always open.

We saw audits took place to ensure policies and procedures were being followed.

People who used the service were involved in the development of the home and were able to contribute ideas.

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.

Staff knew how to respond and recognise abuse. The provider had a policy in place to guide staff.

The provider supported people to take their medicines in a safe and appropriate manner.

The provider had a recruitment policy which was correctly followed when employing a member of staff.

There were enough staff to meet people's needs. We saw staff worked well as a team in a difficult situation.

Good



Is the service effective?

The service was effective.

Staff we spoke with told us they received training relevant to carry out their role.

The service was meeting the requirements of the Mental Capacity Act 2005.

People were offered a choice of food at each meal and drinks and snacks were provided throughout the day.

We looked at people's care plans and found that relevant healthcare professionals were involved in their care when required. For example, falls team and speech and language therapist.

Good



Is the service caring?

The service was caring.

Staff interacted well with people who used the service and made sure their privacy and dignity was upheld.

Care plans included a section on life history which gave staff an insight into the person's life, hobbies and interests.

Good



Is the service responsive?

The service was not always responsive.

Requires improvement



Summary of findings

Care plans we looked at contained an assessment of the persons needs and a series of care plans which set out how to assist the person.

The provider had a complaints procedure and people felt able to talk to staff if they had a problem. However, some people felt that no action was taken.

Activities on the day of the inspection were limited, although people appeared happy in what they were doing.

Is the service well-led?

The service was well led.

People we spoke with felt the home had a friendly atmosphere.

The manager completed a series of audits on a regular basis to ensure the policies and procedures were being followed.

People were able to give feedback about the service at meetings, by a suggestion box or by an annual survey.

Good



Cantley Grange

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 checked 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 took place on the 23 November 2015 and was unannounced. The inspection team consisted of one adult social care 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.

Before our inspection, we reviewed all the information we held about the home. We spoke with the local authority

and Healthwatch Doncaster to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with six people who used the service, and five relatives and friends of people who used the service.

We spoke with three care workers, a cook, the registered manager and the operations manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person said, "I feel safe. There is a day service and a night service in this place." We asked relatives if they felt their family members were safe. One relative said, "Yes absolutely. (My relative) is in safe hands here. It's just brilliant."

Staff we spoke with knew how to recognise and report abuse if necessary. Staff told us they had read the policy which the provider had in place to protect people from abuse. The policy included types of abuse, and how to recognise and report potential abuse. One care worker said, "It is important to report issues of this nature immediately. I would tell the manager straight away."

We saw that people were supported to take their medicines in a safe and appropriate manner. We observed a senior care worker administering medicines in the morning and found this was done safely. Medicines were kept in a locked cabinet which was kept in a locked room. Temperatures were taken on a daily basis, of the medication room and fridge. If temperatures were above the recommended guidance, action was taken to address this. This showed that medicines requiring cool storage were kept at the appropriate temperature.

Each time medicines were given the senior care worker, a record was made of what medicines were taken. This was done on an Electronic Medication Administration Record (EMAR). The record contained a photo of the person receiving the medicine and flagged up in red when a medication was not given and the reason for this. Medicines prescribed on an 'as required' basis, were also recorded. We saw that this was recorded on the EMAR sheet where the carer's notes were completed.

We spoke with the registered manager about the system and she told us it worked very well. The registered manager was able to view a report of all medicines given and this highlighted any medicines which appeared as not given.

On the day of our inspection we saw staff numbers were down. We were told that this was due to one staff member ringing in sick and another care worker supporting a person to hospital. The registered manager told us that they had contacted other staff and the activities person came in to cover a care shift. We saw that the registered manager also got involved and provided support to the care team. Although staff were short we saw that they worked well together as a team and made sure people's needs were met.

We spoke with staff who told us that this was a very rare occurrence. They told us that usually, the staff team consisted of two senior care workers and four care workers between the two units. We saw staff rota's, which supported this. At night the team consisted of two senior care workers and two care workers. We spoke with people who used the service and one person said, "I don't know much about numbers of staff, but there always seems to be someone about." A relative said, "There is supposed to be three staff upstairs for 20 residents, but sometimes it can be two and a floater." Another relative said, "There has been enough staff except when someone is off, but generally speaking it is well covered."

Care plans we looked at included risk assessments which explained how to manage risks associated with the person's care. These identified the area of potential risk and how this could be managed in order to limit the occurrences. Risks included were falls, nutrition, and mobility.

We saw the service had a staff recruitment system in place. We looked at four staff files and found the recruitment process had been followed. Pre-employment checks were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

Is the service effective?

Our findings

We spoke with people who used the service and staff and found that staff received appropriate training in order to be effective in their role. One person who used the service said, “I am an anxious person, but I have no anxiety about the staff at this home.” A relative said, “Staff are pleasant and compassionate and could not fault them in any way.” They were pleased to see that their relative had obviously had some attention during the night and felt reassured that the night staff were supportive. One relative we spoke with told us they had experienced some problems, but said that, on the whole, they felt staff were caring and friendly.

We spoke with staff who were able to explain the training courses they had attended and what they had learned. Most of the training was completed as eLearning and some topics such as moving and handling were delivered face to face, in practical sessions. The provider had a system known as ‘Orchard World of Learning’ (OWL). Staff told us how they completed the training, and then had to complete an observation and assessment tool for subjects such as safeguarding adults, moving and handling and medication. This was to check out their understanding and competencies.

Staff we spoke with told us they received training relevant to carry out their role. They told us their training covered mandatory subjects such as food hygiene, health and safety, first aid, moving and handling and safeguarding. We looked at four staff files and found they contained certificates for training courses completed. The registered manager showed us an electronic training record which was known as the ‘training portal.’ This showed what training staff had received and highlighted staff where training required completion. We saw most training was up to date. We spoke with the registered manager about the training staff received in working with people living with dementia. We were told that 11 staff would be attending a course in December 2015.

Staff felt supported by their managers and told us they received regular supervision sessions. These were one to one sessions with their line manager. In addition to these meetings, staff received an annual appraisal, where their performance and development was discussed. Staff we spoke with told us they could speak with their line manager with ease. One care worker said, “The manager is very supportive and we all work well as a team.”

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. 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. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Through our observations and from talking with staff and the registered manager we found the service to be meeting the requirements of the DoLS. Staff confirmed they had received training in this subject. The registered manager told us that some applications had been made to the supervisory body and were waiting for the outcome.

The care plans we looked had a section about mental capacity and where relevant, a care plans were in place to meet people’s needs. This indicated how people should be involved in making decisions about their care and support. Care plans included consent forms for professionals to have access to the person’s personal information, and for family to have involvement in the person’s care plan. This was signed by the person using the service where appropriate, and was their decision.

We saw that people were offered a nutritious and balanced diet which met their needs. We spoke with the cook who was knowledgeable about the likes and dislikes of people. The cook told us the menu was on a four week cycle which change four times a year in line with the seasons. We were told that fresh vegetables were used and most of the food cooked was homemade. The cook was aware of people’s dietary needs and ensured these were met.

People we spoke with said they enjoyed their meals. One person said, “The food here is very nice it is very tasty.” Another person echoed this and said, “The food is very nice here and I enjoy it.” Another person said, “It is good food here, you get a choice and get very good meals with a pudding.”

Is the service effective?

We looked at people's care plans and found that relevant healthcare professionals were involved in their care when required. For example, falls team and speech and language therapist. There was no doubt amongst people who used the service and visitors that, if required, a doctor would be

summoned to the home. This had happened on several occasions in the case of one person we spoke with. Relatives told us that if anyone had to be sent to hospital by ambulance, a member of staff would accompany them. We saw evidence of this on the day of our inspection.

Is the service caring?

Our findings

We spoke with people who used the service and their relatives and were told the staff were very caring. One person said, “They (the staff) are wonderful, they are caring and compassionate and it makes all the difference to me being here.”

Quite a few people enjoyed spending much of their time in their rooms, which were well-appointed and attractively decorated. They gathered in the lounge mainly for meals and any social events. We saw that some people enjoyed feeding the birds and they had bird feeders situated outside their window, so they could enjoy watching the birds.

Through our observations it was clear that people had a good relationship with the staff and we were told they were supportive and compassionate. The atmosphere in the home was very friendly and happy with people chatting and laughing together. We saw staff were polite and caring in nature and people were offered choices, which were respected. It was evident that staff knew people well and were able to respond to their likes and dislikes.

We saw that staff respected people’s privacy and dignity by knocking on bedroom doors, closing bathroom and toilet doors and by addressing people in a quiet, gentle manner. For example, one person was quite anxious as they did not

know where they were. A care worker approached them in a very sensitive and understanding manner and explained the environment around them. The person responded very well and soon became less anxious.

The service had staff who acted as ‘Champions’ in particular areas of interest such as dementia, diabetes, hearing and sight loss. Champions took a lead role in their chosen area and completed training to cascade to the staff group. Throughout the home were notice boards informing people who the champion was for the area of interest and some basic information for people to read.

Care plans we looked contained a detailed life history section, which provided information about people’s family, where they had worked, hobbies and holidays they had been on. This gave staff a good insight into the person and they were able to chat to people about their memories. Care plans also included information about what was important to the person. For example, one person had always been to the hairdressers on a weekly basis and liked to wear smart clothes. It was evident that staff made sure these references were adhered to.

One relative told us about a recent birthday party that was organised by the home for their relative’s special birthday. They said, “Everyone gathered in the lounge and there was a singer to entertain and a birthday cake.” They went on to say, “I feel this was a much more positive experience than if my relative had been in their own home where family would have visited, but that would have been it.”

Is the service responsive?

Our findings

We looked at care plans belonging to four people and found them to be relevant to people's individual needs. The care plans stated that they had been devised in consultation with people and their relative. However, relatives we spoke with told us they had been involved in the initial life history, but nothing further.

We saw staff interacting with people and found this was in line with their care plan. Care plans were reviewed on a monthly basis and we saw that where appropriate changes had been made to reflect the person's current needs.

Most people we spoke with felt the care provided reflected the needs of their relatives and were happy with the care. One relative said, "The staff dress my relative lovely, with nice clothes and so on." However, two relatives told us that Sunday was 'bath day' other than that there is a 'strip wash' available. We spoke with staff who told us that people were supported to bathe when required and that some people enjoyed a bath during an evening.

We received mixed feedback about the activities and engagement provided. The service had an activity co-ordinator who was employed to work at the home 16 hours per week. On the day of our inspection this person had been asked to cover a care shift and therefore no activities took place on that day. A visiting relative said, "I sometimes play a games of cards with a couple of ladies (not my relative) in the lounge otherwise they are just sitting there bored." From our observations we saw people enjoyed spending time in their rooms and joining in activities occasionally.

However, a person who used the service said, "We have exercises, quizzes, sing-a-longs and all that." There is an arrangement for a local school choir to attend on the 30th

November and sing carols and Christmas songs. When we arrived at the home one person was busily watering a heather plant, just outside the door, and greeted us with a cheery good morning.

The provider had a complaints procedure displayed in the entrance area of the home. We spoke with people who used the service and their relatives and most told us they did not need to complain. None of the people we spoke with knew about the formal complaints procedure, but one person said, they knew the manager by name, and, would speak to the manager if there was anything they were concerned about. Another said they would, "Just tell the manager or speak to a member of staff." Some relatives told us that they had raised concerns with the manager, but didn't feel that things were followed up or addressed.

More than one visitor mentioned the dishwasher on the first floor, which they said had been broken for a long time. However, one felt this was a positive thing as the mugs get washed properly as they were all stained when the dishwasher was used. One visitor said that there was a 'bad smell' in the dining area when 'the dishwasher was playing up.' Another visitor said, "Really, they ought to get it fixed or get a new one."

We spoke with the registered manager about complaints and how these were recorded. The registered manager told us that they had not received any concerns, but had dealt with small concerns on a daily basis before they became a formal complaint. We asked the registered manager to show us how these were logged and what action was taken to ensure the issue was not repeated. We were told the issues had been addressed, but no written log had been kept. This did not show how people's concerns had been resolved, or if any practice had changed as a result of the lessons learned.

Is the service well-led?

Our findings

People we spoke with knew the registered manager of the home and found her approachable. We saw the registered manager interacting with people, relatives and staff and knew them all really well. The registered manager was supported by two deputy managers and a team of senior care workers. We saw clear leadership throughout the home and staff were aware of their role and responsibilities and when to take something to the next tier of management. One relative said, "There is a very positive atmosphere in this home."

We looked at several audits which took place to ensure policies and procedures were followed and the service was of good quality. Audits completed by the registered manager were for areas such as medication, care plans, mattresses, weight and staffing. Action plans were devised to address issues highlighted as a result of the audits.

In addition to these audits a compliance manager, employed by the company, visited the home on a regular basis and completed a quality monitoring tool. The frequency of this depended on the rating given.

We saw evidence that people were involved and consulted about the service and any changes. A resident and relative meeting took place twice a year and in addition to this

relatives we spoke with said a survey was sent out by post to them from the owners of the home. A visiting relative said, "I always do the satisfaction survey that they send out and send it back to them." They went on to say, "Since my relative has been here I have been satisfied from day one. My relative thinks of it as her home and sometimes when we used to go out they would say 'I want to go back home' referring to Cantley Grange."

The registered manager told us that she was in the process of developing a 'you said, we did' poster to highlight feedback received and action they had taken as a result of the information. The registered manager had recently put in place a suggestion box and told us that comments received would be recorded in this way.

Staff we spoke with felt they worked very well as a team and saw the registered manager as part of that. They told us that the registered manager assisted them when they were short staffed or if they had a concern. Staff told us that they had regular staff meetings and felt able to raise issues and suggest ideas that could potentially improve the service. Staff felt the registered manager was approachable and offered an open door style of management.

During our inspection we saw the registered manager interacted well with staff and people who used the service. Her office door was always open.