

Oriel Healthcare Limited

Oriel Care Home

Inspection report

87-89 Hagley Road
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West Midlands
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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

About the service

Oriel Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The care quality commission, (CQC), regulates both the premises and the care provided, and both were looked at during this inspection.

The service can support up to 33 people in one adapted building over two floors. On the day of the inspection there were 28 people living at the home.

People's experience of using this service and what we found

We saw good interaction with between staff and people using the service, showing care, compassion and kindness.

Appropriate forms of communication to meet people's individual needs were available including large print documents and white boards. People were supported by staff who knew them and their needs well. There were sufficient staff members employed by the service to support service users.

We saw staff have received training in line with the needs of people using the service and the care certificate.

People's needs were assessed, care plans and risk assessments were in place to support their needs.

Staff were aware of people's dietary needs and the risks associated with this. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff worked with external health and social care professionals and ensured people were supported to access these services when they needed them to maintain their health and wellbeing.

Accidents and incidents were monitored, and appropriate actions taken to reduce the risk of further occurrences. Staff knew people well and had received training on how to protect them from the risk of abuse. The medication systems in place helped to reduce the risk of errors. We found people were safe at the home.

People's needs were reviewed when their needs changed, and care plans updated accordingly.

The service seeks feedback from people using the service and families about the service.

We saw complaints which were received, were investigated and responded to in a timely way.

Staff were positive about the new management team and told us they felt listened to and supported by them and the provider.

There are audits in place and we were told about plans to continue to develop and improve the service.

The registered manager and nominated individual knew people's needs well and worked closely with the team to drive improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires Improvement (published 04 March 2019).

Why we inspected

The inspection was a planned comprehensive inspection based on the registration.

Please see the findings in this full report.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Oriel Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Oriel Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager in post. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 02 March 2020 and ended on 03 March 2020.

What we did before the inspection

We reviewed the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, a supporting manager

from another service, nominated individual, deputy manager, activity co-ordinator, kitchen manager and three care workers.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also spoke to two professionals who visit and support the service.

We reviewed a range of records. This included four people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records. We spoke with three relatives about the care and support their relatives receive.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement due to poor risk management resulting in recurring accidents and lack of documentation. At this inspection this key question has now improved to Good. We found the home were now pro-active with risk management, ensuring people were safe.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- During the inspection we identified an error with booking in of controlled medicines. The management team had already identified this error and were taking appropriate actions. We saw all medications were accounted for and it was an administrative error. There was also a medication fridge by a window in direct sunlight. There were concerns this may affect the running of the fridge and temperature, although temperature recorded did not indicate this was a problem. This was addressed immediately by the registered manager and a blind was to be put up to protect the fridge from sunlight.
- People had medication care plans in place detailing how they take their medications and any risks associated to this. This meant staff had the information they needed to ensure people received their medication in the way they preferred.
- There were measures in place to monitor the use of 'as required' medications.
- Staff had received training in the safe handling of medications and told us the correct procedure they would follow if an error occurred.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and could tell us how to protect people from abuse.
- Information was available around the home for staff and visitors explaining what action to take should they suspect that someone was being abused.
- People we spoke to said they felt safe at the home. One told us, when asked if they felt safe, "Yes, they look after me well here, I would recommend it to anybody."
- There were safety checks carried out by the maintenance, we saw records to show these were completed in line with the home's guidance.

Assessing risk, safety monitoring and management

- Some people using the service had quite a few falls and incidents since our last inspection. We found the staff were reviewing and assessing people's needs as they changed, to reduce the risk. One health professional we spoke to, told us, "The home are proactive and had already taken all appropriate action and put measures in place, to reduce the risks [to the person], before I returned the call."
- There were risk assessments in place to reduce the risks to people using the service. This included assessed risks such as mobility, eating and drinking, health conditions and medication. This ensured staff had the information they needed to reduce the risk to people using the service and staff

members.

- Staff knew people well and could tell us about risks to those using the service and what actions they would take if risks changed.

Staffing and recruitment

- During the inspection we saw there were enough staff to support people safely. Staff also told us they felt they had time to support people with their planned care.
- People we spoke to told us they felt there were enough staff. One person told us, "I buzz [use the call bell] and they are right here. They come straight away." We saw evidence of call bell response times being monitored, which included the time it was activated and how long it took staff to respond. There were no concerns identified and showed that peoples were attended to promptly .
- We saw night staff levels had been increased since the last inspection as this had been raised as a concern during the last inspection. This meant there were enough staff to meet the needs of people at the home.

Preventing and controlling infection

- Staff had received training in infection control to reduce the risk of cross infection. We saw people wearing protective equipment, such as aprons and gloves.
- There were products such as soap, hand towels and hand gel in all of the communal areas we looked in.
- People we spoke to told us they were happy with the cleanliness of the home and the laundry.
- The home has two infection control champions who support the registered manager with audits and monitoring. The kitchen has a five star food rating and this was displayed in the entrance.

Learning lessons when things go wrong

- We saw evidence of actions being taken and measures put in place when complaints or problems occurred. This included care plans and risk assessments being updated following any incidents and equipment such as sensor alarms being put in place to reduce the risk.
- Supervisions and staff meetings were used as a time to discuss things that went wrong, and everyone was able to be involved in how to improve and reduce the recurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We saw pre-assessments of people's needs were completed prior to people moving into the home. This was to ensure they were able to meet the service user's needs. Family members told us they and the service user were involved in the assessment and the planning of their support.
- Care plans identified people's choices and preferences, histories, hobbies and interests, allowing staff to have a person-centred approach when supporting people.
- One health professional told us, "They [the home] seek answers and are pro-active when people's needs change."
- Staff told us about the support needs of people and they clearly knew them and their needs and wishes well.

Staff support: induction, training, skills and experience

- Staff told us they have 'a lot of training'. There is a comprehensive training programme in place for staff to complete, this is inline with the care certificate. The care certificate is a set of standards that sets out the knowledge, skills and behaviours expected for specific job roles in the health and social care.
- The training provided to staff reflected the needs of the people living at the service, so staff had the skills and knowledge to support people with complex care needs and health conditions.
- The management team meet with staff for one to one supervision. During supervisions training, development and progress are discussed. Staff told us they felt supported by the management team.
- People are involved in the recruitment and interview process for new staff, we saw evidence of this on interview notes.

Supporting people to eat and drink enough to maintain a balanced diet

- One person had not eaten breakfast as they did not feel like eating that morning and when she sat down to eat lunch the hairdresser came to take her to have her hair done. However, she did eat her lunch with her relative afterwards. This was discussed with the registered manager who advised they have told the hairdresser not to disturb meal times and they will speak to her about this. Evidence of the registered manager speaking to the hairdresser about this, was provided to us.
- During the last inspection there were concerns about the dining room experience, people sitting facing a wall and not able to interact. Also, there were no drinks or snacks available for people to help themselves. These areas have now been addressed and we saw people were able to chat and interact during meal times. The dining rooms were laid nicely with tablecloths, napkins, cutlery and condiments for people to help themselves to.

- We saw there was a choice of meals offered and snacks and drinks were available in communal areas.
- We saw people who needed support with their meals, were supported appropriately and sensitively.

Staff working with other agencies to provide consistent, effective, timely care

- People, we spoke to told us they saw health professionals when they needed to. We spoke to one person who told us, "The home contacted the hearing people and they are coming this week to see me."
- We saw evidence of health professionals visiting. We also saw that referrals were made in a timely manner, to other agencies such as the optician, dentist and chiropodist. There were oral health assessments and care plans in place.

Adapting service, design, decoration to meet people's needs

- People were encouraged to bring in their personal belongings and special items to help furnish their bedrooms. We saw rooms were personal to the person living there.
- There was signage around the home to allow people to easily identify where toilets and bathrooms were. This has been added since the last inspection to enhance people's orientation .
- The corridors had pictures along them, to make them look homelier and to brighten them up. There was evidence to show people who live in the home were involved in decorating and buying things such as pictures for the home. One service user told us, how she, "Went out yesterday to help choose the new picture for the lounge."

Supporting people to live healthier lives, access healthcare services and support

- We saw the home was proactive in contacting other health care services for people who were moving into the home and for those who already lived there.
- Feedback from a health professional we spoke to was positive about the homes, 'proactive approach'.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in and had a good understanding of people's rights under the MCA and when to act in their best interests to ensure peoples safety and welfare is maintained.
- Where people required applications to be made under the Deprivation of Liberty Safeguards, the management team had completed these.
- People were supported by staff, using the least restrictive option such as sensor alarms to alert staff if someone, who was high risk of falls, was walking around so they could monitor them to keep them safe.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. We saw people were treated with kindness and respect during the inspection and people were at the centre of their care.

This meant people always felt well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- We spoke to a staff member who told us how they explore people's diversity and what actions they had taken to support the person to continue to be integrated within a specific community. However, this person had told the home she did not wish to be involved at this time. Their wishes had been respected and we saw this information was recorded within their plan of care.
- We asked people using the service how they were treated by the staff, people told us, "They are all kind, the carers are all lovely."
- During the inspection, we saw good interactions between staff and people including one person who asked for a hug and the staff member was happy to do this.
- The home has a 'thank you tree' displaying cards of appreciation for the care and support shown to people at the home.

Respecting and promoting people's privacy, dignity and independence

- Some people's rooms did not have a door to the en-suite, due to space, however, some had curtains to allow privacy when using the en-suite. The registered manager told us they asked service users preference, but this was not recorded within their care plan. One person we spoke to who did not have a door or curtain said they were happy with this and had been asked.
- We saw staff knocking doors before entering rooms and being respectful of their privacy when they had visitors. The home has two dignity champions who promote dignity within the home, monitor and instruct staff.
- People who were at high risk of falls had systems in place to alert staff so they could monitor them when walking. This meant people were able to walk around independently and to retain as much independence as possible, whilst remaining safe.

Supporting people to express their views and be involved in making decisions about their care

- During the inspection we saw people were given the opportunity to make decisions, this included where they would like to go, if they would like the television or music on and what they would like to do.
- We saw people's views about the home and the quality of the service they receive had been sought. This information was reviewed and actions of how issues raised would be rectified were taken.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. We saw that staffing had been increased to allow more time for people to get up when they chose. Complaints were investigated and responded to in a timely manner, with appropriate actions put into place.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans we looked at showed people's histories, and that their likes and dislikes had been explored. This helped staff to know what was important to people they supported.
- Care plans and risk assessments were reviewed to reflect any changes in needs of the people. Relatives told us they were always kept up to date with any changes in care or treatment. This meant they felt involved with their loved ones care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw some pictorial communication methods were used, to support people to make their wishes and feelings known, such as activities they liked and wanted to participate in.
- During the inspection we spoke to the registered manager and nominated individual about the Accessible Information Standard. Both had a good understanding of the importance of suitable communication methods to meet individual needs being available. There were large print documents available, and as detailed in the PIR (provider information return), a white board for communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home has a full time, dedicated activity co-ordinator who has worked with the registered manager and provider to improve the activity programme. At the last inspection, it was noted there were concerns with the lack of activities. We saw the activity programme is developed following discussions and feedback from the service users, and the positive impact this had for people. There is much more emphasis on person centred and one to one activity. These include personal preferences such as, trips down memory lane, taking people back to the areas they used to live or a trip to the pub.

The activity organiser seeks feedback after trips to get a better understanding of peoples likes and dislikes. This feedback is helpful and used when planning future trips.

- The home has a pen-pal group and have joined up with a local school. We saw the correspondence

between people at the service and the school children and how this has brought together the generations, benefitting both the children and.

- People told us they had a choice of activities and if they wished to join in or not. Those who preferred their own company and stay in their own rooms told us, "I don't get involved really, I am happy here [in her room]. My daughter says I should go over, but I'm happy. I have my nails done when I want them done with some nail varnish, the activity lady does it, she is a nice woman. They told me they do flower arranging and I used to like that so might get involved. There are a lot of activities going on over there [in the home]."
- We saw the provider had identified a shortfall of activities taking place in the home during evenings and weekends. There is now a more flexible approach to when activities take place. This gives people the opportunity to socialise with their families and to participate in activities during the evenings and weekends.
- Planned activities are clearly displayed around the home so people know when things will be taking place. There is also a bi-annual newsletter produced showing events which have taken place and forthcoming events and activities.

Improving care quality in response to complaints or concerns

- The home had a complaints procedure, and this was displayed around the home. People we spoke to said they speak to the carers or registered manager if they had any concerns.
- We saw complaints that had been received had been investigated and responded to as per the home's procedures, within a timely manner. The outcome of investigations had been discussed with the complainant and staff and actions taken to reduce recurrences.

End of life care and support

- The home provides end of life care (EOL) and holds conversations with people who use the service and their relatives, about advanced care plans and EOL care to ensure they know people's wishes. Advanced care plans hold information about people's wishes for hospital admission and treatment should their health deteriorate. Detailed care plans were in place. Staff had access to a list of people who had DNACPR in place, for reference in an emergency (Do Not Attempt Cardiopulmonary Resuscitation).

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We saw there were meetings for people using the service, relatives and staff, giving people the opportunity to be involved in developing the service.
- We saw staff had the opportunity to raise anything at the meetings and felt they were listened to and valued. One staff member, when asked if they felt supported by the management they said, "They do support you very well, if you want something they will have it for you the next day."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their responsibilities around the duty of candour. They had a policy and procedure in place. We saw from records that they had been open and honest when dealing with complaints.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were quality audits completed by the management team to reduce the risk to people using the service and staff. The new registered manager continues to develop and introduce audits when identifying areas within the home to develop and monitor.
- The management team have worked at the home for many years in different roles. The registered manager and deputies are all new to their roles but fully understood their roles and responsibilities in providing a safe environment for people to live and work. A staff member told us, "The manager [Name] is really good at implementing things. As a care manager she is wonderful, she has made a lot of changes."
- The registered manager is supported by an established manager from another service within the organisation. This support has been well received and has helped in the registered managers development and the improvements within the home.
- The nominated individual is accessible to the home and visits each week to provide support and guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their families felt engaged with the service. Relatives felt able to speak with staff and management of the home when needed and felt their feedback would be listened to.
- There are plans by the home, to increase the involvement of the local community coming into the home and for service users to access the local community more. Discussions with people living in the home had taken place to explore where, in the local community they would like to visit. This is something the management and nominated individual have already highlighted and will be developing this further.

Continuous learning and improving care

- The management team attend registered manager network groups and have access to sites to ensure their knowledge and skills are up to date with current legislation.
- The registered manager is currently working towards completing her leadership level five diploma in health and social care. This is a qualification designed to give learners the opportunity to build both managerial and care skills. The provider supports their staff to develop their skills and knowledge.
- We saw that staff had completed training and they have access to continued learning so that they had the skills to meet people's needs.

Working in partnership with others

- The service had regular visits from the district nurses and Falls team to provide advice and care for people using the service.
- We saw where accidents and injuries had occurred appropriate treatment had been sought and actions had been put in place to ensure the person's on-going safety. Investigations into any safeguarding's had been conducted in partnership with the local authorities to reach a satisfactory outcome.
- The nominated individual and manager worked with other health and social care organisations to achieve better outcomes for people. This included healthcare professionals who worked closely with staff, to meet people's health needs.