

Orchard Manor View Limited

Orchard Manor View

Inspection report

34 Robert Hall Street
Leicester
Leicestershire
LE4 5RB

Tel: 01163194460
Website: www.orchardmanorview.co.uk

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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

This inspection visit took place on 3 November 2016 and was unannounced.

Orchard Manor View provides accommodation and personal care for up to 23 adults. The service is situated close to the centre of Leicester and has 21 single bedrooms and 2 larger rooms for couples, all with en-suite facilities. All areas of the service and gardens are wheelchair-accessible. At the time of our inspection, there were 19 people using the service, many of whom were living with dementia.

This was our first inspection of the service since they registered with us.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

There were good systems and processes in place to keep people safe. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to reduce the risk of harm to people.

People's medicines were managed in a way that kept them safe. People received the medicines they needed when they needed them.

There were enough staff to provide safe and effective care for people. Staff had the time to provide both one-to-one and group support for people.

Staff were skilled in meeting the needs of people living with dementia. Staff had completed training and qualifications they needed and used this knowledge to provide people with safe and effective care. People were supported to maintain their health and well-being. Staff made use of a range of health professionals and supported people to follow healthcare advice when needed.

Staff recognised their responsibilities to support people with decision making in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's care plans reflected people's choices and ability to make decisions and these were reviewed regularly.

Staff were kind, respectful and compassionate to the people who used the service. People told us they felt staff respected their dignity.

People's care plans were person centred and written in a way that described their individual care needs, preferences and likes and dislikes. These were regularly reviewed and changes made where required. Staff

knew people well and used the information they had about people's interests to tailor their support.

People could choose how to spend their time. There was support for people to take part in a range of activities to pursue their hobbies and interests.

The provider had a complaints policy and encouraged people and their relatives to express concerns and complaints in order to bring about improvements in people's care. Staff were supported to advocate for people if they had any concerns.

Staff told us they felt supported in their roles and the registered manager provided staff with clear guidance and leadership. The registered manager and the provider operated an open culture in the service where people, relatives and staff were encouraged to share their views and ideas about their care and the service.

The registered manager assessed and monitored the quality of care provided. They used outcomes of audits and checks to identify improvements as part of their commitment to develop the service and ensure people received quality care.

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 keep people safe from harm. People's risk of harm had been assessed and was reviewed regularly. People were supported by sufficient numbers of staff. People were supported to take their prescribed medicines safely.

Is the service effective?

Good 

The service was effective.

People were cared for by staff who had the skills and knowledge to support them effectively. Consent to care and treatment was sought in line with legislation and guidance. People were supported to make choices about their meals and provided with information to eat healthily. People had access to healthcare professionals whenever necessary.

Is the service caring?

Good 

The service was caring.

There was good communication between the people who used the service and staff. People's privacy and dignity were respected. Staff had sufficient knowledge about people to provide them with the care they preferred.

Is the service responsive?

Good 

The service was responsive.

People received personalised care that met their needs. People's care plans were regularly reviewed and amended to reflect people's needs. People were supported to take part in hobbies and pastimes that interested them. There was a clear complaints procedure if people needed to use it.

Is the service well-led?

Good 

The service was well-led.

People, relatives and staff were supported to share their views

about the service and their care. Staff received guidance and support from the registered manager and senior staff. There was a quality assurance system in place to measure the quality of care provided.

Orchard Manor View

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 visit took place on 3 November 2016 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.

We reviewed the information we held about the service, which included information of any concerns received and 'notifications'. Notifications are changes, events or incidents that the provider must tell us about. We also contacted the local authority quality monitoring officer to seek their views about the service. They told us they had no concerns about this new service.

During our inspection visit we spoke with seven people and three relatives of people using the service. We also spoke with the registered manager, deputy manager, the provider, five members of care staff and a cook. We observed staff interactions with people in communal areas.

We reviewed four people's care records which included their care plans, risk assessments and daily records to see how their care was planned, delivered and reviewed. We observed medicines being administered. We also looked at four staff recruitment files, training records and various documentation relating to the management and monitoring of the service.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe in the service. One person told us, "I feel safe here," Another person told us, "I feel safe as even though I can do things for myself, the staff keep any eye on me which I appreciate." Another person told us that they felt safe because, "At the touch of a button, I can call for help and someone will help me." This was in reference to the call system where people could press a button and call for assistance at any time. The person explained to us that the call system had given them confidence and made them feel safe. Relatives who we spoke with told us they felt their family member was safe in the service. One relative told us they felt the security of the building, signing in procedures and staff responses all contributed to ensuring people were kept safe.

The risks of abuse to people were minimised because the provider had clear procedures for staff to follow in the event that they suspected abuse was taking place. Staff who we spoke with demonstrated a sound knowledge of safeguarding (protecting people from abuse) procedures and understood the principles of reporting. One staff member told us, "I would report any concerns to the (registered) manager immediately and make a record in the person's daily care notes." Staff told us they had undertaken training to enable them to recognise the possible types of abuse. This was confirmed in the staff training records that we looked at.

Areas where people might be at risk were identified in care records. Risk assessments covered areas such as moving and handling, nutrition and any risks associated with people's health conditions. Risk assessments included guidance to enable staff to understand the risks and what action they needed to take to reduce the risks for each person. For example, one person's risk assessment identified they were at risk of falling. The risk assessment explained that staff could minimise the risk by walking with the person whilst they mobilised around the service using a walking aid. The person's daily care notes showed that staff recorded they had provided one-to-one support in line with the risk assessment to keep the person safe. Another person's risk assessment identified that they were at risk of falls and accidents if they got out of bed without support. We saw staff had minimised risks by ensuring the person had sensor mats next to their bed to alert staff if the person got out of bed during the night. The person's relative told us they had accidentally stepped on the mat during an evening visit and was impressed by how quickly the staff responded to check on their family member. This showed that staff had the information they needed to understand and minimise risks to keep people safe.

The registered manager was maintaining records of accidents and incidents which occurred in the service. We saw whenever a trend in the reporting of accidents or incidents was identified, for example an increase in falls, information was collated and shared with staff. We saw that each incident had been provided with an outcome, for instance, a review of the person's risk assessment or medical intervention. This meant staff were provided with information they needed to see if there were any patterns emerging which the registered manager and staff could use to prevent future harm.

The registered manager told us they used a dependency assessment upon admission to ensure that there were sufficient staffing levels to meet people's needs. We saw records which showed that each person's

dependency assessment was reviewed if there was a change in people's needs. We saw staff were busy but had time to speak with people and to check that people across all areas of the service were safe. There were staff present in corridors so that people who needed reassurance were helped to find where they wanted to go or were provided with assistance.

People had fire evacuation plans in place. The dependency assessment of people's needs took account of the support they needed to mobilise in an emergency. Staff understood the support individual people needed to evacuate the building if they needed to. This meant that people could be evacuated quickly to ensure they were kept safe in the event of an emergency.

The atmosphere was calm and staff did not seem overly rushed. Staff told us they felt there were enough staff working in the service to meet people's needs. One staff member told us, "We are well staffed so we can go straight away (to help people). This gives good satisfaction and helps to keep people safe." The registered manager told us that staffing rotas were planned in advance so that vacant shifts could be covered in good time to ensure staffing levels were maintained. They told us that vacant shifts were covered by permanent staff who were also able to support at short notice. This was confirmed by the staffing rotas that we looked at. This meant that there were enough staff around to meet people's needs.

The staff recruitment records we looked at demonstrated there were robust recruitment processes in place. We viewed the recruitment files for four members of staff and saw checks had been undertaken before staff were considered suitable to work at the service. Checks included previous employment history, proof of identity and a check with the Disclosure and Barring Service (DBS). The DBS provides information for employers to enable them to make decisions as to the suitability of potential staff.

We observed how people were supported to take their medicines. The senior care staff on shift was responsible for the administration of medicines. We saw that staff consulted with people as to where they wanted to take their medicines and if they required any medicines prescribed as and when required, for example, pain relief. Staff ensured people had time to take their medicines and used the time to chat with people and reassure them, therefore putting them at their ease. We observed staff ensured people were comfortable and happy with the support provided to them before they left them. One person went out daily with their relative. We saw that the senior staff member gave the relative the person's lunchtime medicines. The relative confirmed that this was done every time to ensure their family member took their medicines at the correct time.

There were clear records of the medicines given and these had been completed correctly and consistently. We saw there had previously been some incidents related to medicines which had triggered training for staff and increased vigilance of medicine records by the registered manager and senior staff. Checks were in place to ensure the temperature of medicine storage areas remained constant so that the condition of medicines was maintained. The records in place confirmed that the temperature checks were undertaken on a daily basis. We found that some refrigerated medicines did not have a date of opening on them. This is important as some medicines have a short expiry date which should not be exceeded in order to ensure the medicine remains effective. We raised this with the registered manager who told us they would ensure all medicines with a limited shelf life are clearly labelled in future. People had protocols in place to support the administration of medicines that were prescribed as and when required. There was information recorded about people's medicines and any specific support they needed to take their medicines to guide staff. One person was recorded as regularly declining their medicines. We spoke with a member of staff who showed they understood the person's right to decline their medicines and was able to explain the action they would take if this occurred for several days. This was in line with the person's medicine protocol. This showed that people were supported to manage their medicines in a way that kept them safe.

Is the service effective?

Our findings

People and their relatives told us they were happy living at Orchard Manor View. People we spoke with were complimentary about the staff and the service. One person told us, "Although this isn't my own home, I am happy here and the staff meet my needs."

Staff said they had access to training which reflected the needs of people living at the service and was relevant to their own role. The training records we looked at showed staff had undertaken a range of training to help them provide effective care, including mental capacity training, safeguarding and communication. One staff member told us, "I have completed training in dementia and this helped me to understand how I can support people. For example, by not colluding or confronting people when they are anxious but looking at distraction and reassurance. This training gave me the skills I need to do my job."

We saw that new staff followed an induction programme. This involved managers supporting new staff to understand key expectations of them, including the values of the service and key policies and procedures. Staff were expected to complete all essential training as part of their induction and work alongside experienced staff who were familiar with people before they started to support people. This meant there were arrangements in place to ensure staff were introduced to people and learnt about their needs before they started supporting them independently in order to provide effective care.

Staff told us they felt supported by the management at the service. One staff member said they received regular supervision which they really appreciated and told us, "I enjoy working here. It's really good teamwork." Another staff member told us, "We all support each other, the teamwork is good. I receive regular supervision and they (managers) genuinely seem to care about me as a person."

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 are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff we spoke with demonstrated that they understood what was meant by MCA and staff had completed training in this. Some people using the service had a DoLS authorisation in place, for example, if they required constant supervision or had been unable to make a choice about where they lived. We saw these had been clearly recorded in people's care plans together with the date of review for the authorisation. This helped to ensure that people were not being unlawfully deprived of their liberty.

People's care records reflected their decisions and choices, for example, what time they liked to get up and were signed by people wherever possible. Care records also recorded what decisions people could make independently and decisions that they required support with. For example, one person's care plan recorded

that they regularly declined assistance with their personal care. We looked at the person's daily care notes and saw that staff respected the person's right to decline care but monitored this to ensure the person's hygiene was not at risk. People's capacity was reviewed so that staff could monitor people's choice making abilities.

People told us they enjoyed their meals. One person told us meals were cooked fresh and meals were healthy. They said, "The food is very good." Another person told us, "It's good food!" People told us there were usually two or three choices to each meal and if someone decided that they didn't like the choice, the kitchen staff would try to find an alternative. One person told us that the portion sizes were very generous. They said, "In fact, sometimes too much for me!" Another person said that they weren't forced to eat food if they didn't feel like eating. A relative told us that the service had been responsive and shown cultural sensitivity to their family member. They explained that the cooks now prepare specific foods to suit their family member's cultural preferences.

The kitchen staff had an in-depth knowledge of each person's likes and dislikes and any specific dietary requirements, for example, soft or diabetic diets. Kitchen staff supported people to make a choice from a daily menu. Meals were displayed on a chalk board and in pictorial form to support people to make informed choices. The cook kept a record of what people ordered and menus were reviewed regularly based on popularity of meals. This meant that menus reflected people's choices and preferences.

Orchard Manor View had a "Protected meal times" system which allows people to eat their meals without unnecessary interruptions. This enabled staff to provide effective nutritional support where people needed assistance with their meals. We saw a notice in the reception area which asks visitors to respect this and refrain from visiting within allotted meal times. The registered manager told us this was flexible dependent on each person's needs. For example, they explained that if by receiving visitors it encouraged a person to eat and drink, visitors would be encouraged and the protected meal time would not be applicable.

We spent time with people whilst lunch was prepared and served. We saw that one person received encouragement and support from a staff member to eat their meal independently. Jugs of fresh juice were readily available and people were supported to have drinks with their meal. We saw that the dining experience was calm and unrushed and people gave positive feedback about their meal.

There was a small domestic kitchen which provided drinks and snacks for people throughout the day. People, their relatives and visitors were encouraged to use this facility whenever they wished. We saw that this facility was clean and comfortable and well stocked with a range of drinks and light snacks. A relative told us this made a real difference to her family member. They told us, "I can go to make my dad a cup of tea as if I would do if he was back in his own home. That's very important to me." This showed that people were supported and encouraged to maintain their nutritional needs.

People told us that their health needs were being met. Two people said that if they felt unwell they would be able to tell a member of staff and if necessary the doctor or dentist would be called. People's care records reflected that people's health care needs were assessed and regularly reviewed. For example, one person had been assessed as being at risk of skin infections. We looked at the person's daily care notes and saw that staff had identified that the person may be experiencing a skin infection in its early stages and had sought appropriate medical assistance. People were supported to attend routine health appointments, such as opticians and chiropodist as well as specialist appointments and, where necessary, support from district nurses. This meant that people were supported to stay as well as possible.

The environment supported people living with dementia to move around freely and safely. The interior of

the service was spacious, uncluttered and clean. The service was separated into 'themed' areas and decorated in accordance with the theme to support people's interaction with their environment. For example, one area had a Moroccan theme and included bright colours, wall paintings and accessories. There was contrast in colour between paintwork, walls and floors to provide visual clues and support people to move freely around the building. We saw pictures and wall hangings which were bright and, in some cases, tactile, to provide people living with dementia with an interesting space to move around in.

Is the service caring?

Our findings

All of the people and relatives we spoke with told us staff were caring and supported them well. They told us they were happy living at Orchard Manor View. One person said, "Yes I do like it here." Another person said, "Yes, it very good here." Another person spoke positively about staff and told us, "They (staff) are very nice." They told us they had observed staff "Speaking nicely with everyone." They also said that they hadn't witnessed any raised voices or violence from staff towards other people.

We observed that staff showed a great fondness for the people they cared for. Staff spoke to people in a non-patronising manner and provided help and reassurance where needed. For example, we saw that one person was anxious because they needed to post a letter. A staff member reassured them that they would support them to get a stamp and post the letter for the person on their way home to make sure it caught the post. We saw the person was much assured by this response and expressed their thanks to the staff member.

We saw good communication between people and staff throughout our inspection. Staff took time to listen to people and when they received repetitive requests, they responded with patience and interest. Staff constantly checked that people were okay and we heard supportive comments such as, "Are you managing?" and "Do you need any help with that?" Staff responded to requests for help promptly and explained the support they were going to provide before they assisted people.

People said that staff treated them with dignity and respect. One staff member gave good examples of being responsive towards people's needs by asking for consent before attending to them. Another member of staff was able to explain how they supported people to maintain their independence. They told us, "You have to take it step-by-step at the person's own pace. For example, some people may be able to wash with minimal help whilst for others holding a face flannel is a big achievement." Throughout our inspection we observed staff speaking with people in a respectful way and observing people's privacy by knocking on doors and waiting for a reply before entering and in supporting people with their personal care needs.

People's care plans were written in a way that reflected their likes and dislikes. Records showed each person had a communication plan which set out how they made decisions about their care and support. This helped to ensure staff involved people in making choices on a day-to-day basis.

Staff were aware of how people preferred their care to be provided and how they liked to spend their time. One member of staff told us, "[Name of person] prefers to spend time in their room as they don't like socialising. We encouraged one or two people to visit [name] in their room and now they visit regularly and are friends." This helped to ensure the person did not become isolated within the service. Another person told us staff were aware of their individual needs, for example, they liked to go to the lounge before breakfast was served. They told us staff were aware of this preference and made them a cup of tea as soon as they came down so they could relax before other people arrived.

Is the service responsive?

Our findings

People we spoke with told us staff knew them well and their care was provided in the way they preferred. People told us they were encouraged to make decisions about how they spent their time and who they spent it with.

People had an assessment of their needs when they moved to the service. People and their relatives were asked to provide information about people's health conditions, likes and dislikes and other key information which was used to develop the care plan. An example was for a person who could become disorientated at night. This was included in the care plan so that staff could carry out regular checks on the person during the night. The records of care showed that this was being provided. .

Staff were aware of the care people required. For example staff had made sure that people who needed to wear hearing aids were supported to fit these each day. Staff knew that a person should avoid particular foods because this was reflected in the information in the person's care plan. Staff told us they had read people's care plans and that senior staff were always helpful if anything needed explaining or advice was needed. People's care plans included what was important to the person and the views of people who were closest to the person. Care records were reviewed by senior staff regularly and formal care reviews were arranged with people and their relatives to ensure care plans were up to date and reflected people's current needs. This meant that people received care that was personalised and met their needs.

People's care plans included information about their preferences, for example what time they liked to get up and any particular lifestyle routines, such as whether they preferred breakfast before or after a bath or shower. Each care plan included a section detailing what the person was able to do for themselves and what they required support with. Records showed that their wishes had been taken into account in the care provided. Staff knew what people liked, for example, staff offered a person a choice of their favourite drinks. Staff were able to tell us about people's routines and preferences and this matched what we saw in their care records. This meant that people were able to control their care to ensure it reflected their wishes.

Staff told us they recorded how people were and how they spent their day in their daily records. These were completed electronically through a hand-held tablet. This enabled staff to complete records promptly and track entries to identify any changes in people's needs and well-being. We saw that senior staff monitored the information in the daily records to ensure people had received the care they required.

There was a member of staff employed to support people with their hobbies and interests. People were encouraged to be involved in a variety of weekly in-house themed activities which were displayed on notice boards. The activity room included a reminiscence corner with items such as ration books, programmes from concerts, and memorabilia from a period that would interest people. The activity co-ordinator told us they used a memory box resource as part of the memory plus programme. Each box was themed and included objects of reference to stimulate and invoke discussions in addition to art and crafts and games. For example, the current theme was the great outdoors and included tactile and sensory objects relating to wildlife. On the day of our visit we saw people involved in making bird feeders with the aim of putting the

finished feeders in the garden to attract local birds. The activity co-ordinator told us that the reminiscence therapy work was effective at reducing people's anxiety and improving their self-esteem. They told us that people were supported to participate if they wished but also invited to watch if this was their preference.

The service had a sensory room where people could relax and interact with specialist sensory equipment, such as light boxes and projections. The registered manager told us that people were able to use the room whenever they wanted to and were able to personalise the session with their own music. We saw that records were kept of each activity and how each person had engaged and responded to the session. This enabled the planning of activities that were responsive to people's interests.

People were supported to go out with visitors or, on occasions, with staff on local trips. We saw people had been supported to go out to the theatre, garden centres and local places of interest. The registered manager told us the service was in the process of setting up 'friends of Orchard Manor View' group to help to ensure people's views were represented and assist in the planning of activities. This meant that people had access to activities that were important to them and were protected from social isolation.

The provider's complaints procedure was available through a statement and contact details in the service user guide and through a formal procedure. Staff were encouraged to identify if any of the people using the service were unhappy about any aspect of the service and advocated for them to put things right.

The registered manager told us that she explained to relatives that complaints, compliments and constructive criticism were always welcome at the home. She was able to show that systems were in place to log, monitor and respond to any concerns or complaints. At the time of our inspection, the service had not received any complaints. People who we spoke with felt comfortable raising any concerns with staff, although most told us they had had no reason to complain.

Is the service well-led?

Our findings

People, their relatives and staff spoke positively about the care and management of the service. One person told us, "It's good here, I can do what I want." We saw that the person was encouraged by staff to move freely about the service and choose how they wanted to spend their time. A relative spoke positively about her experience in visiting her family member and told us that staff were always very welcoming and informative. A staff member told us, "It's a good place to work." Another staff member explained how supportive and approachable the registered manager and directors were and that they felt valued as a member of staff.

The registered manager provided clear and confident leadership for the service. They worked closely with the provider to ensure the culture of the service reflected the values of the organisation. The registered manager said they felt supported by the provider. They said the provider visited the service on a regular basis and was open to discussions about the resources needed to run the service. She told us, "If we ask for something because someone has a need, they [the provider] understands this and ensure we get it." We saw that the registered manager was available to speak with staff, people using the service and relatives throughout the day. Both the registered manager and the provider had a visible presence in the service and we saw people and staff approaching them comfortably.

Staff meetings were held regularly and the registered manager had used these to discuss working practices and standards that were expected and required. We looked at the minutes of a meeting in October 2016 and saw the meeting was well-attended. Matters discussed included findings of audits and improvements to working practices. The provider had developed a satisfaction survey which had recently been sent out to people using the service and their relatives to gain their views about the service and their care. The registered manager had received one response at the time of our inspection which gave positive feedback. The registered manager explained that they would review the feedback from surveys and discuss with people, the provider and staff to identify what, if any, improvements were required. This meant that people and staff were able to share their views of the service and influence how it was run.

People, their relatives and staff were kept up to date with developments within the service through regular memos and newsletters. For example, we saw the summer newsletter introduced new staff and the range of activities to be provided. People were supported to forward ideas and suggestions for activities and events.

The registered manager and senior staff carried out regular audits and checks on records to make sure they were accurate and up to date. We saw that there were regular checks on care records, medicines and the environment. Outcomes of audits were recorded, for example faulty equipment or a medicine error. However, there was not always a clear audit trail to show that remedial action had been taken. For instance, if repairs had been undertaken in a timely way or what action had been taken to reduce the risk of further medicine errors. We discussed this with the registered manager who told us this was not captured through current recordings and that they would ensure this was clearly recorded on future audits and checks.

The registered manager had kept us informed and submitted notifications about significant events and

incidents in the service in accordance with our regulations. A statutory notification is information about important events which the provider is required to send us by law. The provider demonstrated that they were aware of the challenges facing the service and had responded to changes within commissioning through the provision of a service that supported people living with dementia. They told us they were working towards a formal care management qualification to enable them to be effective in leadership and governance. This demonstrated that the provider and registered manager were aware of their statutory responsibilities and were committed to ensuring people receiving quality care.