

Orchard Care Homes.Com Limited

Cantley Grange

Inspection report

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Ratings

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

Summary of findings

Overall summary

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. People who require a higher level of support, because they are living with dementia are mainly cared for on the first floor. There are communal areas including lounges, 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. At the time of the inspection 40 people were using the service.

This comprehensive inspection took place on 11 January 2018 and was unannounced. At the last inspection in November 2015, the service was rated Good, with a rating of Requires Improvement in our key question (domain) of Responsive. This was in relation to the activities available to people and how complaints were responded to.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Cantley Grange' on our website at www.cqc.org.uk.

We carried out the inspection a little earlier than planned due to concerns raised with us about the way the service was operating. However, we found no evidence to support the concerns and, without exception all the people we spoke with during the inspection were very happy with the service provided. We also found the areas we identified for improvement at our last inspection had been addressed. At this inspection we rated the service as Good in all domains.

Why the service is rated Good.

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 '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 continued to protect people from abuse and people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported to make decisions about their care and their choices were respected. Care plans included information about people's life experiences, likes and dislikes. Risk assessments highlighted any risks associated with their care and how best to manage the risks presented.

There were enough staff to ensure people's needs were met and staff training was of a good standard and assisted them to carry out their role effectively.

People continued to receive their medicines in a safe manner and received good healthcare support. People

received a nutritious and balanced diet and told us that their dietary needs and choices were particularly well catered for.

It was clear that people had good relationships with the staff, who were caring and kind. Staff respected people's privacy and dignity and promoted their independence.

The registered provider had made sure that people were aware of the complaints procedure and any concerns or and complaints were taken seriously, responded to positively and used to improve the service.

We saw that the registered provider continued to effectively monitor and audit the quality and safety of the service. People who used the service and their relatives were involved in the development of the home and were able to contribute ideas.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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.

This was a comprehensive inspection. This inspection took place on 11 January 2017 and was unannounced. The membership of the inspection team comprised 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. The area of expertise of the expert by experience who attended this inspection was older people.

Before our inspection, we reviewed all the information we held about the home. We spoke with the local authority to gain their view of the quality of the service. We used information the registered provider sent us in the Provider Information Return. This is information we require registered providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people who used the service, and five relatives and friends of people who used the service. We spent time observing how staff interact with the people they were supporting and with each other. We spent time in both dining areas and also observed an organised activity. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three care workers, a cook, the activities coordinator, and the registered manager. We also spoke with a district nurse who visited the service regularly, to gain their opinion of the care provided to people.

We looked at documentation relating to people who used the service, staff and the management of the service. This included four people's care and support records, including the assessments and 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

All the people we spoke with who used the service told us they felt safe living at Cantley Grange. For instance, one person said, "I cannot complain about anything, they look after me so well. I feel safe all of the time." Another person said, "I am so very lucky to be living in such a safe environment." One person told us they had been struggling at home and now they felt they were in a safe place. While another person commented, "I certainly am safe here. The staff make sure of that. They are very diligent."

Without exception, the relatives and friends we spoke with said they had no concerns and were confident that their loved ones were safe and well cared for. For example, one person's relative said, "This place is so safe." They added, "I would not hesitate in reporting any concerns to the manager." Another person's relative said, "Make no mistake, if I thought my mother was in any danger I would take immediate action."

We saw that the systems, processes and practices in the service continued to safeguard people from abuse. People who used the service told us they felt confident to raise any concerns that they might have about the safety of themselves and others. For instance, one person told us, "I can speak up for myself. I would let anyone know if I had any worries."

Staff we spoke with knew how to recognise and report abuse. Staff told us they had received appropriate training and had read the policy which the provider had in place to protect people from abuse. One care worker said, "If ever I had any concerns about staff behaviour I would report it immediately," and another told us, "I see how important my role is in keeping people safe."

We saw that people's needs were assessed and their safety continued to be monitored and managed well. This meant they were supported to stay safe, while their right to freedom was respected. The care plans we looked at included up to date risk assessments, which explained how to manage risks associated with each individual person's care. These identified the area of potential risk and how this could be managed. Risks included were falls, nutrition, and mobility. We saw an example of how two members of staff assisted one person using a mobile hoist. The staff showed a full understanding of the person throughout the process, handling the person safely and with kindness and sensitivity.

The health care professional we spoke with gave very positive feedback about the care provided in the service. They also fed back that the staff were careful to keep good monitoring records, which helped to ensure people were receiving the care they needed. This included where people were at risk nutritionally, needed to have their fluid intake monitored to make sure they drank enough to keep them well, or if they needed help to move in bed, to prevent pressure sores.

We found that people continued to be supported to take their medicines safely and appropriately. Medicines were kept securely. Storage temperatures were monitored on a daily basis. If temperatures were above the recommended guidance action was taken to address this. Staff who administered medicines were appropriately trained and their competence checked periodically, to ensure they adhered to good practice. We observed a senior member of staff as they administered people's medicines and saw this was

done sensitively to each person's needs and preferences.

Each time medicines were administered a record was made. This was done via an Electronic Medication Administration Record (EMAR). The electronic record included a photo of the person receiving the medicine, which helped to identify people and minimise any potential for error. There were also safety alerts built into the system. For instance, if a medicine was not given at the prescribed time this was flagged up. This helped to ensure people received their medicines when they should. Medicines prescribed on an 'as required' basis, were also recorded.

People who used the service told us they got their medicines on time. We also asked people's relatives if they felt their family member's medicines were managed safely. People said they thought they were. One person's relative said, "Mum has a lot of regular medication. They [staff] are pretty good at making sure she takes it." While another relative said, "I visit most days. You can see that the staff take care to concentrate on the medication round."

We saw that staff worked well together as a team and people's needs were met in a timely way. We spoke with staff who told us that there were enough staff to meet people's needs. The staff on duty on a daily basis consisted of two senior care workers and four care workers between the two units; we saw 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 no one we spoke with raised any concerns about the number of staff available. People told us there were enough staff to ensure there was rarely a wait, if they needed anything. For instance, one person told us, "I always call for help if I need it and the staff come straight way."

The service had a staff recruitment system in place. Pre-employment checks were obtained prior to staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help in preventing unsuitable people from working with vulnerable people. We looked at three staff personnel files and found the recruitment process continued to be followed.

Accidents and incidents were monitored and evaluated so the service could learn lessons from past events and make improvements where necessary. We saw staff had taken appropriate action when incidents had occurred, such as reporting concerns to the local authority.

The control and prevention of infection was managed well. The areas of the service we saw were for the most part, clean and well maintained. The carpet in one corridor, by the entrance to the kitchen was not of the same standard. However, a number of areas in the home were undergoing refurbishment and this carpet was next on the list. Staff had been trained in infection control. Cleaning schedules were in place and staff were provided with appropriate personal protective equipment (PPE). Staff we spoke with demonstrated a good understanding of their role in relation to maintaining high standards of hygiene, and the prevention and control of infection.

Is the service effective?

Our findings

All the people we spoke with told us staff had the right skills, knowledge and experience to deliver their care and support effectively. We spoke with staff who confirmed that they continued to receive training relevant to their role. Staff training covered mandatory subjects such as food hygiene, health and safety, first aid, moving and handling and safeguarding people. The records we saw also confirmed this. Some training topics, such as moving and handling were delivered in face to face, practical sessions and other training was completed electronically, via e-learning. The provider had a system known as 'Orchard World of Learning.' Staff told us they completed the e-learning, followed by an assessment to check their understanding and competence.

Staff told us they felt supported by their managers and told us they continued to receive regular supervision sessions. These were one to one meetings with their line manager. Staff also continued to receive an annual appraisal, where their performance and development was discussed. Staff we spoke with told us they felt confident to speak with their line managers about any issues they might have, as they were very supportive.

People said that the staff in the home looked after them properly and helped them to see health care professionals, such as GP's, opticians and nurses when they needed to. For instance, one person said, "I have kept my own GP. The staff make all the arrangements if I need to see a doctor." Another person told us of a time where staff looked after them when they felt unwell, adding, "When I told the staff I felt unwell, they called the GP in later that morning." Another person commented, "I have some complicated health needs. The staff are so supportive and liaise well with the district nursing services."

The care records we saw confirmed that relevant healthcare professionals were involved in people's care when required. This included falls prevention specialists and speech and language therapists. The relatives and friends we spoke with confirmed that staff worked well with health care services to deliver effective care, support and treatment for people. For instance, one person's relative said, "They [staff] call the opticians and chiropodist for (my family member). They always let me know when they do it." Another person's relative said their family member, "Always gets to see the community nurse regularly."

We saw that people continued to be offered a nutritious and balanced diet, which met their individual needs and preferences. We spoke with the cook who was knowledgeable about people's specific likes and dislikes, as well as being aware of people's dietary specific needs. Catering staff told us the menu was changed in line with the seasons, that fresh vegetables were used every day and that most of the food served was homemade.

Everyone we spoke with was very complimentary about the food and the catering team. For instance, one person who used the service said, "Nothing is too much trouble for the cooks. I am so particular with my diet. They do all they can to accommodate me." Another person told us, "The food is fabulous," and another person commented, "All the food is to a very high standard and there is plenty of it." One person's relative commented, "My mother can be very fussy. She loves the food here. She would let them know if it was not right."

One staff member told us, "We discuss the menus at the residents' meetings and we have separate one to one meetings with people, just focused on their dietary needs and preferences." We saw that some people were happy to make their choice of meal ahead of time. However, the cook also made enough food for other people to make their decision at the time of the meal. This was helpful in meeting the needs of people who were living with dementia. At the mealtime we observed the staff were calm and patient in their approach when delivering meals to people and when asking people what they would like to eat. When necessary, they took time and repeated what was available, as well as showing people the choices of meal, to help them to decide what they preferred. The staff were also very good at offering people a choice of drinks. During the meal some people moved around and left the dining area and staff allowed them space and time, whilst ensuring they did not miss their meal.

The registered manager and 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.

We found the service continued to meet the requirements of the MCA and consent to care and treatment was always sought in line with legislation and guidance. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and this ensured people's rights were protected and staff were able to meet their needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that some applications had been made to the supervisory body and were awaiting outcomes.

A lot of thought and resources had been put in to making the home a safe environment for people living with dementia to live in. For instance, in the areas where people living with dementia resided there was safe space for people to walk around and items that people could interact with or that aided conversation and reminiscence were displayed in tasteful and age appropriate ways. Alternative lounges were available for people. Visiting relatives and friends were able to spend time with their family member in their bedroom, or in various communal areas. There was appropriate signage for bathrooms and toilets, and where appropriate, items had been creatively used to help people to identify their bedrooms, in accordance with recognised best practice.

Furnishings were well spaced, so people were able to move around them. There was access to a safe and pleasant garden. The registered manager said there had been some areas of the home environment, which they felt needed to be improved and the registered provider had been very responsive, ensuring that these improvements were made. This included redecoration and new floor coverings in several areas.

Is the service caring?

Our findings

Without exception all of the people we spoke with who used the service and their relatives and friends told us the staff were very caring. One person said, "The staff are so kind. I am so lucky to be living here." Another person said, "Without a doubt the staff are wonderful to me," and another person commented, "Every member of staff is so caring and kind."

People's relatives and friends confirmed that people were treated with kindness, respect and compassion, and that they were given emotional support when needed. Their comments included, "[Staff] deal with [my family member] in such a warm and caring way," "Mum is so well cared for," "Mum is happy. This place has a real sense of home," "We have such confidence in the staff. They care for [person's name] so well," "The care that is offered is genuine," and "Staff are kindness itself. Nothing is too much trouble."

People were clear that their independence, choice and control were promoted and protected. For instance, one person said, "I go to bed exactly when I please. I also get up when I want." People had pleasant bedrooms, which were personalised to their tastes and some people liked to spend a lot of their time there. One person commented, "I feel as though my room is my own private place."

Our observations showed that staff treated people with dignity and respect. They respected people's privacy by knocking on doors and calling out before they entered people's bedrooms or bathroom and toilet doors. The people who used the service and the staff looked comfortable together. There was a lot of laughter and friendly 'banter' between them.

People said that staff were good at listening to them and meeting their needs. It was evident that people received support with their appearance to ensure they were well presented, in a way that suited their style and tastes. The care plans we saw highlighted people's preferences about the toiletries, beauty and grooming products they liked to use, and if they had favourite jewellery.

Relatives also praised the quality of the laundry service. For instance, one visitor said, "The laundry system is amazing. Everything comes back looking beautiful." After people had been to the hairdresser we heard staff complimenting people on how they looked which boosted people's confidence and never failed to raise a smile.

Throughout the day we saw care staff and domestic staff actively engaging with people, taking time to sit and chat. One relative we spoke with told us that their family member's health and wellbeing had improved since they had moved to the service. Their comments included, "I am so relieved that [person's name] is here. She is so much more settled that when at home."

Relatives and visitors were also welcomed in a caring and friendly manner. People told us their visitors were always made welcome. One person said, "My family come whenever they want. The staff will always make sure they get refreshments." One person's relative said, "The staff are so hospitable. We are often offered meals and always offered drinks," and another visitor told us, "Although staff always offer you a drink, we are

also free to make our own, which is nice."

People's relatives and friends confirmed that they also felt cared for. For instance, one person's relative said, "Our whole family are grateful for the wonderful care offered. They [staff] look after us too," and another relative commented, "The staff care for me too. Knowing that [person's name] is safe means the world to our family."

The service continued to have staff who were 'champions' in particular areas of interest such as dementia, diabetes and hearing loss. Throughout the home there were notice boards informing people who the champion was for the area of interest and some colourfully presented and useful information for people to read. Champions took a lead role in their chosen area and completed training to cascade to the staff group.

The service supported people to express their views and be actively involved in making decisions about their care, as far as possible. For instance, people and their relatives had been involved in putting together their care plans. The plans we saw included a detailed life history section including information about the person's family background, their religious and spiritual beliefs, their education and working life, hobbies and interests and holidays they had been on. This gave staff a good insight into the person and what was important to them and they were able to chat with people about their memories. Care plans also included information about what was important to the person.

Is the service responsive?

Our findings

At the last inspection the service was found to require improvement as the opportunities for activities were limited. At this inspection we found that the number and range of activities was very good. The information about the planned activities was displayed in a colourful and accessible way with pictures to help support people's different communication needs. We spoke with the activity worker who was committed to the activities being enjoyable and beneficial to people. Without exception, people said that they took part in, and enjoyed, a wide range of activities and outings. One person said, "I get involved with anything I can. There is plenty to do." People's relatives' comments were also positive. For instance, one visitor said, "There are more than enough activities, but mum loves the trips and outings."

People told us that recently there had been shopping trips to local large garden centres and a 'run out' to the countryside to enjoy a change of environment. During the afternoon we saw that people were engaging in a variety of table top games, with lots of laughter. Some people also had fun experimenting with making 'smoothies' from a variety of fresh fruit.

People told us they were encouraged to keep up their hobbies and interests and different people's preferences were catered for. For instance, two people told us they loved gardening and one told us, "I love gardening. I can't wait for the weather to improve so that we can get out in the garden. We are planning it already." One person commented, "I really enjoyed the trip to the wildlife park. It was really interesting," while another told us, "I love the music with exercises. It keeps me moving. It is such fun."

People also told us they had recently enjoyed all the Christmas and New Year festivities, in particular, the local Church services, as well as a visit by local children singing Christmas carols, entertainers and parties.

We saw that people's care plans fully reflected their physical, mental, emotional and social needs. This included any protected characteristics under the Equality Act 2010. The Act replaces all existing anti-discrimination laws, and extends protection across a number of protected characteristics. These are race, gender, disability, age, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity, and marriage and civil partnership.

The care plans we saw were relevant to people's individual and changing needs. They included people's personal histories, individual preferences and interests. They had been devised and reviewed in consultation with people and their relatives, where appropriate. The staff we spoke with understood people's needs and preferences, so people had as much choice as possible. We saw staff interacted with people in line with their care plans.

There was emphasis placed on the importance of meeting people's communication needs and the service made information accessible in different ways. Some staff were 'champions' in the areas of dementia and of sensory impairment. Their role was to advocate for people, to be a source of information and support for their co-workers and act as a role model in the delivery of person centred care. This helped to identify and meet the information and communication needs of people with a disability or sensory loss.

Before the inspection we received a letter from one person's relatives expressing praise and gratitude for the care their family member had received at Cantley Grange and the compassionate way in which the registered manager and staff team had cared for their family member at the end of their life. They said the staff had gone beyond what might have been expected in terms of empathy and understanding during the last weeks of their loved one's life. Adding that staff cared for the person sensitively and professionally and were also supportive and thoughtful towards their family during that difficult time.

At the last inspection the service was found to require improvement as some people felt their concerns were not addressed. At this inspection we found that people's concerns and complaints were listened to, taken seriously, investigated in an open and honest way, and responded to appropriately. We discussed if people knew how to make a complaint and if they felt empowered to do so, without fear of discrimination, harassment or disadvantage. Everyone we spoke with said they were encouraged to raise concerns or make complaints and were comfortable to do so. Some people told us they had been given a leaflet explaining their right to make comments about the care and support they received, which included the contact details for the Care Quality Commission. One person said, "[The registered manager] has made it clear to me that if I have any concerns, I must tell someone," while another person said, "I always speak my mind and would say if anything was wrong."

People's relatives also felt confident to complain. For instance, one person's relative said, "If ever I had a problem I would go straight to [the registered manager]. I know she would sort it out" Another relative told us, "Mum has no worries, but I would be happy to talk to any of the staff or managers. They are so approachable."

Is the service well-led?

Our findings

At the time of our inspection the home had a registered manager. 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.

As at the previous inspection, people we spoke with knew the registered manager and found her approachable. The people who use the service told us they had every confidence in the registered manager. It was clear the registered manager knew all the people in her care very well. They and their relatives said they knew who the registered manager was and that she went around seeing them all, every day, to ask how they were. One person said, "[The registered manager] is so supportive. You can ask her anything." One person told us, "Cantley Grange is wonderful." Another person said, "I feel that both the manager and the organisation are there to support me and my family

The relatives and friends' comments included, "This home is run to an excellent standard," "The manager is very organised," "The staff and managers are fantastic," "[The registered manager] is very effective in my opinion," "The manager has helped us as a family," "There is no room for improvement as far as I can see," "[The registered manager] is so down to earth. You can talk to her about anything" and "The manager always greets you with a smile. She is fantastic with the residents. They love her."

We saw evidence that people were involved and consulted about the quality and running of the service. From meeting minutes and speaking with relatives and friends it was clear that people's thoughts and ideas are acted upon. Relatives confirmed they had attended meetings with the manager. They felt they were listened to. One person said, "I have completed a surveys, but everything is so good. I also go to the residents' meetings." One person thought the meetings could be more frequent. They added, "but I do attend them."

The quality assurance system continued to ensure that the management team had a good overview of how the service was operating and that 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. The compliance manager employed by the company continued to visit the home on a regular basis and completed a quality monitoring tool. Feedback from the healthcare professional we spoke with indicated the service worked well in partnership with other agencies.

The registered manager continued to demonstrate 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. Staff we spoke with felt they worked very well as a team. They told us that the registered manager assisted them when they were short staffed or if they had a concern.

There was a clear vision and strategy to deliver high-quality care and support, and promote a positive

culture that was person-centred, open, inclusive and empowering. 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. Staff comments included, "The manager is very approachable," "The manager encourages us so much," "The management of this home always puts the service users first" and "The organisation are always trying to improve the lives of the people that here."