

Orchid House Residential Care Home

Orchid House

Inspection report

42 Spring Street
St Ann's
Rotherham
South Yorkshire
S65 1HD

Tel: 01709836542

Date of inspection visit:
07 March 2017

Date of publication:
19 April 2017

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

The inspection was unannounced, and the inspection visit was carried out on 7 March 2017. The home was previously inspected in August 2015, where two breaches of legal requirements were identified; the home was not always keeping people safe, and concerns were identified in relation to governance. At that inspection the home was rated "Requires Improvement."

Orchid House is a 4 bed care home, providing care to adults with learning disabilities. At the time of the inspection three people were living at the home. Orchid House is located in the St Annes area of Rotherham. It is in a quiet residential area, but within walking distance of the town centre.

At the time of the inspection the service 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 and associated Regulations about how the service is run. However, we identified that the home's registered manager was not involved in the running of the home. The provider told us they will identify a more appropriate person who will apply to register.

Staff routinely promoted choice and independence, and spoke to people with respect, upholding their dignity. Staff we spoke with had a good knowledge of people's needs and preferences, and care plans were highly personalised which indicated that staff understood people's needs well. Care was formally reviewed regularly to ensure it met people's needs, and where changes were required these were implemented.

Staff were trained in relation to how to keep people safe from the risks of harm or abuse, and there was information available in the home for people using the service and staff about what action to take if abuse was suspected.

Medicines were safely managed, and staff we spoke with had a good knowledge of the medication system in use at the home.

There were appropriate arrangements in place for people to consent to their care and treatment, and staff had received training regarding consent and mental capacity.

People told us that the food available was good, and reflected their preferences. People using the service were encouraged to be involved in meal planning and preparation.

There was a complaints system in place. We asked people using the service whether they would feel confident to complain if they wished to, and they told us they would.

There was a system in place for monitoring the quality of service people received, and making ongoing improvements as part of the monitoring system

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 were trained in relation to how to keep people safe from the risks of harm or abuse, and there was information available in the home for people using the service and staff about what action to take if abuse was suspected.

Medicines were safely managed, and staff we spoke with had a good knowledge of the medication system in use at the home.

Is the service effective?

Good ●

The service was effective. There were appropriate arrangements in place for people to consent to their care and treatment, and staff had received training regarding consent and mental capacity.

People told us that the food available was good, and reflected their preferences. People using the service were encouraged to be involved in meal planning and preparation.

Is the service caring?

Good ●

The service was caring. Staff routinely promoted choice and independence, and spoke to people with respect, upholding their dignity.

Staff we spoke with had a good knowledge of people's needs and preferences, and care plans were highly personalised which indicated that staff understood people's needs well.

Is the service responsive?

Good ●

The service was responsive. There were arrangements in place to regularly review the care and support that was provided to people, and changes were made where required.

There was a complaints system in place. We asked people using the service whether they would feel confident to complain if they wished to, and they told us they would.

Is the service well-led?

Good ●

The service was well led. There was a supervisor who oversaw

the day to day running of the home, as well as the nominated individual who had a good understanding of the service. However, we identified that the home's registered manager was not involved in the running of the home. The provider told us they will identify a more appropriate person who will apply to register.

There was a system in place for monitoring the quality of service people received, and making ongoing improvements as part of the monitoring system.

Orchid House

Detailed findings

Background to this inspection

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

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit was carried out on 7 March 2017 and was carried out by an adult social care inspector.

During the inspection we spoke with two staff members, the nominated individual and all three people who were using the service at the time of the inspection. We also checked the personal records of the same three people. We checked records relating to the management of the home, personnel and training records, meeting minutes, training records, medication records and records of quality and monitoring audits carried out by the home's management team. We observed staff undertaking various activities, supporting people to make decisions and express their views.

Prior to the inspection, we reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. This was returned in a timely manner.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Orchid House. One said: "It's really safe here, I like it a lot better than where I lived before, if there's any problems they [the staff team] help us." Another said: "We talk [in meetings] about keeping safe." We saw that there was information available to people using the service about how to report any concerns, and there was evidence of a project that they had collaborated on about awareness of bullying and abuse.

We found that staff received training every two years in the safeguarding of vulnerable adults. The provider's policy, as well as the local authority's procedures, in relation to safeguarding were available on the premises. We checked records of incidents and found that the provider had taken appropriate action when responding to incidents or accidents to ensure people were kept safe.

We checked three care plans to look at whether there were assessments in place in relation to any risks that people may be vulnerable to, or any that they may present. Each care plan we checked contained up to date risk assessments which were highly detailed, and set out all the steps staff should take to ensure people's safety. We cross-checked this with daily notes, where staff recorded how they had supported each person. This showed us that staff were adhering to people's risk assessments, thereby promoting their safety.

Recruitment procedures at the home had been designed to ensure that people were kept safe., All staff underwent a Disclosure and Barring Service (DBS) check before starting work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. In addition to this, staff provided a checkable work history and references, including from their most recent employer. We noted that the provider's application form did not ensure that candidates provided their full work history, but recruitment notes showed that this was checked during the interview process.

There were appropriate systems in place to ensure that people's medicines were safely managed. Medication was securely stored, although we noted that the provider was not checking the temperature that medicines were stored at. If medicines are stored at the incorrect temperature they can spoil or become ineffective. During the inspection we saw the provider took steps to address this to ensure the temperature was regularly checked and recorded. We checked records of medication administration and saw that these were appropriately kept. There were systems in place for regularly stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. Again, these records were clear and up to date.

People's care records contained details of the medication they were prescribed and how they should be supported in relation to medication. Where people were prescribed medication to be taken on an "as required" basis, often known as "PRN" medication, there were details in their files about when this should be used.

Is the service effective?

Our findings

We spoke with two people using the service about the food available at Orchid House. They told us that the food was good and that they enjoyed it. One person told us how they chose what they wanted to eat, and said that they could prepare their meals. Another told us that if they didn't like what was offered they would always be offered an alternative. The provider held pictorial files which people had contributed to from which they chose meal options, and there was a programme commencing of themed international food days.

We checked three people's care records to look at information about their dietary needs and food preferences. Each file contained up to date details, including screening and monitoring records where people were at risk of poor diets or malnutrition, or where people needed specific support around dietary needs.

All staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

Care records we checked contained records showing that people had given informed consent to their care, and no one living at the home had been assessed as lacking the capacity to do this. We spoke with a senior staff member and the nominated individual, and they had a good understanding of their responsibilities in relation to the MCA. We looked at the minutes of meetings for people using the service, and saw that consent and rights had been discussed to assist people with their understanding in this area.

The staff member we spoke with told us there were frequent training opportunities available at the home. We checked the home's training matrix and found that staff had received training in medicines administration, dignity and respect, safeguarding vulnerable adults, infection control and many other areas relevant to meeting the needs of people using the service. The majority of staff held a nationally recognised qualification in care, and two staff were working towards achieving a care qualification.

Is the service caring?

Our findings

We asked two people using the service whether they found the staff to be caring. They both replied positively. One said: "It's really good here, we do good things, I like it." Another said: "They [the staff team] are all really good, they help out when I need it." We asked one person how involved they were in making decisions about their care and they said: "It's about me, so I get to say [how I am supported.]"

We looked at how staff ensured people's dignity and privacy was upheld. We saw that staff used gentle prompts to support people, ensuring that their preferences were upheld and their independence was promoted. Staff spoke to people with warmth and kindness, and treated people respectfully. Staff worked in a collaborative way with people, helping them reach decisions and undertake tasks for themselves with minimal and discreet support.

People were involved in day to day decisions in the home. There were regular meetings where people decided what activities and outings they wanted to participate in, and what meals should be served. On occasions records showed that people had become distressed by the behaviour of others using the service. The staff had therefore worked with each person to help them understand their rights and responsibilities, introducing a system of "time out" cards which people used to show that they needed some quiet space or to remove themselves from specific situations. Staff we spoke with told us that this was effective and had also been empowering for people. The home had regular contact with a local advocacy service, with people visiting the service weekly and a representative of the advocacy service visiting the home annually. This gave people an opportunity to explore their preferences and rights, as well as make plans for the future.

Staff had a good understanding of people's individual needs and preferences, and could speak with knowledge and in detail about each person using the service. Care plans we checked showed that care was tailored to each person's individual needs, with details set out for staff to follow, to ensure that people received care in the way they had been assessed as needed. We checked the daily notes of people's care and saw that staff were adhering to care plans, meaning people received care and support in the way people had been assessed as needing.

Is the service responsive?

Our findings

Staff told us that people were able to participate in a wide range of activities, with the focus being on people making decisions about what they wanted to do, rather than organised formal activities within the home. People told us they enjoyed taking part in activities both in the home and within the community. One person showed us that they had two chickens at the home which staff supported them to look after, as well as part of the garden in which they grew vegetables. Two people showed us their bedrooms and described how they chose the décor and contents.

There was a high level of community involvement for people using the service. On the day of the inspection people were going to a local drama group, and they frequently attended local social groups and other community facilities. People using the service told us that holidays were important to them, and the provider had supported people to undertake a wide variety of foreign holidays. Plans were underway to start discussing possible destinations for this year's holidays, and the staff member we spoke with told us that this would be done in meetings for people using the service to promote decision making and choice.

We checked care records belonging to the three people who were using the service at the time of the inspection. We found that care plans were highly detailed, setting out exactly how to support each person so that their individual needs were met. They told staff how to support and care for people to ensure that they received care in the way they had been assessed. This was linked to a monthly programme, where people set targets and goals for the month ahead. One person showed us how they kept this document on their bedroom wall as it helped them remember what they wanted to work on that month.

Care records showed that people's care was formally reviewed regularly to ensure it met people's needs. Where required, changes were made to people's care as a result of these reviews. We looked at people's daily notes, which is where staff recorded the day to day support that people had been provided with. We saw that they were highly detailed, which meant that when care was reviewed a clear record of people's progress, wellbeing and activities was available so that the reviews were meaningful.

There was information about how to make complaints available in the home, and a complaints policy. This was also communicated to people via the provider's service user guide, which was in easy read format. There had been no formal complaints received in the year preceding the inspection.

Is the service well-led?

Our findings

The service had a condition of its registration stating that the provider should have a registered manager in place. The home had a registered manager, however, the provider's nominated individual told us that the registered manager was not involved in the running of the home. We advised the nominated individual of the responsibilities of a registered manager. They told us that they would identify a more appropriate person to undertake this role and submit the required application to CQC.

We checked records of recent team meetings and saw that they were used to discuss people's wellbeing, training, policies and procedures and safeguarding. There was a system in place where a different policy was discussed each month to improve staff's understanding. We saw that month's policy was on display in the staff area, and staff had signed to confirm that they had read and understood it.

There was a supervision and appraisal programme in place, and we saw that staff had regular supervision with a nominated manager. The supervision meetings were used to discuss any staff performance issues, staff development needs and wellbeing, as well as any issues regarding people using the service. A new programme had been introduced of quality spot checks. These were documented visits to the home carried out by a member of the management team, which looked at the quality of service provided, the activities underway, health and safety and people's wellbeing.

In addition to the quality spot checks, the home's management team carried out a range of audits to ensure the home was operating safely and effectively. This included audits of care plans, checks of health and safety and infection control and audits looking at maintenance, complaints and finances. Each audit we checked had an action plan showing what should be done to address any shortfalls, as well as confirmation when each task had been undertaken.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. In the PIR, the provider told us that they planned to sign up to the Social Care Commitment. This is a national initiative which aims to raised standards in adult social care. During the inspection the provider told us that this had been achieved, and described future plans aimed at further improving the quality of service provided.