Orchard Care Homes.Com Limited

St Helens Hall and Lodge

Inspection report

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Ratings

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

Overall summary

We inspected this service on the 4 November 2014. The visit was unannounced and this meant that the provider did not know that we were coming. A further announced visit was made to the service on 6 November 2014.

St Helens Hall and Lodge provides residential care for older people with mental health care needs. The home has 2 units, The Lodge which can accommodate 56 people on 2 floors and the Hall which can accommodate 38 people on 2 floors.

During our previous inspection of the home in October 2013 we found that the service was meeting the regulations we assessed.

The registered manager had been in post since January 2012 and registered with the Care Quality Commission from June 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

People told us that they felt safe living at the home. Staff knew how to keep people safe from abuse and were aware of when and how to report any concerns they may have in relation to safeguarding people from harm. However, we found that people were not always safe because

the management of medicines required improvement.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Policies and procedures were in place to promote people's rights and the provider's responsibilities in relation to the MCA.

We looked at care planning records and found that detailed information was available for the staff team as how they were to offer care and support. Staff demonstrated a good awareness of the needs and wishes of the people they supported. We saw staff supporting people in a manner that respected their privacy and maintained their dignity

There interior of the building was created to offer a stimulating environment for people living with dementia. The design of the building gave people the opportunity to access a number of communal areas.

Staff told us that they felt supported in their role and were confident in what they did. We saw that staff had the opportunity to attend training for their role on a regular basis.

Quality assurance systems were in place to monitor the service provided to people. This showed that the provider carried out regular checks on the quality and management at the home to help them understand and improve the service that people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

The management of medicines was not always safe and required some improvement in relation to the management of stock and ordering of medicines.

People told us they felt safe living at the home.

Safeguarding procedures were in place and staff had received training in safeguarding people. Staff showed a good awareness of these procedures.

Requires Improvement

Is the service effective?
The service was effective.

Records demonstrated that people's rights in relation to the Mental Capacity Act 2005 were adhered to.

People received regular support from local health care professionals.

The living environment for people living with dementia was planned to provide a stimulating environment.

Good

Is the service caring?
The service was caring.

Staff were kind and patient when supporting people with their needs.

People told us that they were supported in a manner that respected their privacy and maintained their dignity.

Good

Is the service responsive?
The service was responsive.

People's care and support was planned in a person centred manner.

St Helens Hall and Lodge supported people to maintain their independence.

People's personal records were appropriately stored to protect their personal information.

Good

Is the service well-led?
The service was well-led.

Staff felt supported in their role and were confident in what they did.

Quality assurance systems were in place to monitor the service provided to people.

Good

St Helens Hall and Lodge

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 took place on the 4 November 2014 and was unannounced. A second announced visit took place on the 6 November 2014.

The inspection team on the 4 November 2014 consisted of two social care inspectors and an expert by experience. An expert by experience is a person who has personal or professional experience of using this type of service. In addition, a specialist professional advisor (SPA) with knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS) joined the inspection team. The visit on the 6 November 2014 was carried out by one social care inspector.

We spent time observing the support and interactions people received whilst in communal areas. We 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 and spent time with 26 people living at the home and two of their visiting relatives. In addition we spoke with the registered manager, the deputy manager and seven members of staff.

We looked at areas throughout the building and the immediate outside grounds. We spent time looking at records relating to people's care needs and the records of five people in detail. We also looked at the records relating to the management of the home which included duty rotas; policies and procedures in place.

We asked the provider to complete 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.

Before our inspection we reviewed all the information we held about the service. This included any notifications received from the registered manager, safeguarding referrals, complaints about the service and any other information from members of the public. We contacted the local authority intelligence and outcomes unit who told us that they had no immediate concerns regarding the service. We also contacted the local Healthwatch team. Healthwatch is a new independent consumer champion created to gather and represent the views of the public. They told us that they had no recent information regarding this service.

Requires Improvement

Is the service safe?

Our findings

All of the people spoken with told us that they felt safe living in the home. One person told us that feeling safe was "The one reason I come here." Another person told us they "Felt safe in my room and there are plenty of alarms." Another person commented "I like it; I am not frightened of walking about." One person who used the service told us "I have Parkinson's and I feel safe here" they went on to tell us that they had "Equipment to help me to use the toilet" which also helped them feel safe.

People spoken with told us that they thought the home was very clean. Their comments included "Everything is very clean", "It's very clean, its cleaned every day, everywhere, every room" and "They are cleaning all the time, there is a cleaner there all day."

Policies and procedures were in place for the safe management of people medicines. We looked at the medicines management in three of the four areas of the home. We saw that medicines were stored safely. A number of people were prescribed medicines to be taken "as required" (PRN). Some of these medicines were prescribed to control agitation. We saw that for more than five people in one area of the home, there was no clear guidance readily available as to when the medicines should be offered. There was a risk that this would result in an inconsistent approach as to when this should be offered or administered. We saw that regular audits had been carried out in relation to medicines, however, the system of checking had failed to identify this issue. Medication administration records (MAR) were completed by the staff when they administered people's medicines. We saw that MARs also contained people's known allergies and a photograph of the person to help ensure that medicines were administered safely.

We saw that improvements were needed as to how the stock of medicines was managed. We saw that a large amount of medicines were waiting to be returned to the pharmacy to be destroyed. These medicines were stored in a locked room but not in a tamper proof container. The medicines were not out of date and although they were being returned further stocks had been re-ordered and delivered. We discussed this issue with the registered manager who explained that the situation arose due to difficulties with ordering people's prescriptions. The manager demonstrated a commitment to contacting the GP practice and seeking advice from the Clinical Commissioning Groups (CCG) medicines management team.

We saw that policies and procedures were in place in relation to safeguarding adults. The contact telephone numbers for the local authority were available around the home for staff to report any concerns they had. Staff spoken with demonstrated a good awareness of what action they would take in the event of suspecting or becoming aware of a safeguarding situation. Staff were able to give us examples of when they had used the safeguarding procedures in the past. They told us that safeguarding training was mandatory for staff and updated every year.

All staff spoken with confirmed that no restraint was used whilst supporting people. They told us that they had received training in managing people whose behaviours challenged the service. Staff told us how they would manage these challenges. One member of staff described the action they would take which included diversionary and de-escalation techniques. Another member of staff told us that in the event of a person's behaviour changing they would check that there were no changes to their health needs. Staff told us that they discussed the best strategies to support people who challenged the service and when needed they would contact the person's GP.

We saw that people's care planning documents contained risk assessments when a person had been identified as being at risk from an activity or due to their individual day to day needs. For example, we saw risk assessments were in place in relation to moving and handling, falls and personal safety. Records demonstrated that risk assessments relating to individuals' were reviewed on a regular basis.

We saw that there was a comprehensive recruitment procedure in place that included the provider obtaining appropriate references and Disclosure and Barring Service (DBS) checks prior to a new member of staff commencing employment. Staff spoken with confirmed that at the start of their employment they had received a three day induction into their role that was then followed by a period of 'shadowing' other staff.

Sufficient staff were on duty to meet people's needs. We did not observe people having to wait for care and saw that

Requires Improvement

Is the service safe?

call bells were answered without delay. A senior member of staff told us that the provider calculated one staff member to support the needs of seven people. However, they explained that there was some flexibility resulting in an extra member of staff on duty at night due to people's needs and in the event of emergencies. Staff spoken with told us that they had no concerns and that there were always enough staff on duty for people not to wait for assistance.

We observed the majority of the home to clean and tidy. However, in one area of the building we detected an unpleasant odour. We shared this information with a senior member of staff who demonstrated a commitment to address the issue.

Good

Is the service effective?

Our findings

People told us positive things about the staff that supported them. Their comments included "They are all good with you", "They know me very well and how I like things" and "Very pleasant." One person told us that he was "Very happy here. The staff are wonderful and the food is great."

Staff spoken with demonstrated that they knew the needs, likes and dislikes of the people they supported well. They were able to explain how they supported individuals' with specific tasks throughout the day. We saw that positive relationships had been built between the people who used the service and the staff team.

Staff communicated with people in an effective manner throughout our visits. For example, we saw that staff explained all of the foods available to individuals during lunch, listened and served what they had requested. We saw a minor altercation between two people, this was dealt with by staff in a calm, non-intrusive manner and the situation was diffused quickly.

We saw that care planning documents contained assessments and information in relation to people's nutritional and hydration needs when required. These documents were reviewed on a regular basis along with other care planning information.

People had a choice as to where they ate their meals. We saw people choosing to eat in the dining rooms; the lounges and their bedrooms. We saw that people were guided individually to where they wished to take their meal. In the dining rooms we saw that people chose where to sit and where friends wished to sit together this was respected. We sat in the dining rooms during lunchtime. Tables were set with crockery, drinking glasses and cutlery. We saw that people were offered both hot and cold drinks with their meals. Food was served on white or green crockery and staff told us that the green crockery was to aid people's vision. The lunchtime meals available had a selection of vegetables, looked and smelt appetizing and the food was well presented. People were asked if they wanted more food and drinks and were seen to leave the dining tables at a time of their choice and were not rushed.

Throughout the mealtime we observed people engaging in conversation with others and the staff supporting them. Staff were seen to regularly check on people eating their meals in the lounges and bedrooms.

We saw that drinks, crisps, fruit and biscuits were readily available to people. We spoke to the cooks on duty who told us that finger foods, including sausage rolls and scampi were available at all times along with muffins, crumpets and toast. People's specific dietary needs were recorded on a board in the kitchen. Staff told us that none of the people living in the home required a specific diet for religious or cultural needs. If a person requested a specific religious or cultural diet they would speak with the person, their family and seek guidance from the provider for arranging for the required foods to be available.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that the provider had a comprehensive policy and procedure on the Mental Capacity Act and DoLS. In addition a copy of the MCA Code of Practice was available and all of these documents were available to staff. The policy documents had a very clear statement about the need to consult relatives when considering the MCA but gave very clear guidance that relatives could not consent on behalf of individuals unless they are legally able to do so.

We looked at the information relating to two recent DoLS applications. Senior staff explained and we saw that the assessment of people's capacity began before they moved into the home and that on arrival were assessed for their capacity to consent in respect of each decision that had to be made in relation to their care. We saw that people's best interests were to some extent covered within the care planning process they were not recorded as a separate process. There are a number of specific elements to consider when deciding whether something is in a person's best interests and the policy in place referred to a template to record these specific elements. However, this document was not available. Staff spoken with demonstrated enough understanding in the area of the MCA to recognise when they should seek advice. One member of staff told us that the MCA was used if people could not make informed choices or recognise risk.

Good

Is the service effective?

People's care planning documents demonstrated that they had regular access to local health care professionals. For example, we saw evidence of GP visits, optician visits and memory clinic appointments. A visiting relative told us "The senior staff keep me fully informed when the Dr has been."

Training information provided demonstrated that over 80% of staff had a National Vocational Qualification (NVQ) level two or above in relation to their role. In addition, records showed and staff confirmed that they had completed training in relation to moving and handling; safeguarding people, fire safety; health and safety; diet and nutrition; dementia awareness and the Mental Capacity Act. Two staff told us that they would like further in-depth training in relation to the Mental Capacity Act to improve their awareness. Senior staff responsible for ensuring people received their medicines had also received training in this area. Staff spoke positively about the training they received. Their comments included "If any new training is out there we get it" and "They [the provider] are hot on training."

We saw that the areas of the home in which people who were living with dementia lived had been designed to offer stimulation and orientation around their living area. For example, we saw that the corridors were light and airy and had themed display relating to local sports clubs and nature to stimulate people. Bedroom doors were painted in bright colours and clearly identifiable to people. We saw that a number of people had keys to their bedroom doors and chose to lock them when they were not in their room. Equipment such as toilet seat were coloured to assist people with their orientation as they go about their day to day lives. Staff confirmed that advice had been sought from specialist organisations in developing the living areas of people living with dementia.

Good

Is the service caring?

Our findings

People spoken with told us positive things about the staff team. Their comments included "The staff make a point of getting to know you, your likes and dislikes" and "I've been here seven years and am enjoying it very much, it's lovely, the carers are brilliant, you can't fault them."

All of the people we spoke with told us that they were treated with respect and dignity and that their privacy was maintained. One person who received personal care from staff told us "They [the staff] are outside. I have a cord and pull it when I want someone. They respect privacy and they ask if we want them to stay outside, or come in." Other people commented "I have privacy in the bathroom and they [the staff] always knock on the door before they come in" and "They always knock and don't open the bathroom door unless you give permission."

Throughout our visits we saw staff treating people with dignity and respect. We saw staff speaking with people in a calm, relaxed, respectful manner and it was evident that a good rapport had formed between people and the staff that supported them.

We saw staff supporting people in a caring manner. For example, people were supported to mobilise and orientate around the building in an unrushed manner and staff were seen to give assurances when people needed it. One member of staff told us that one of their most effective tools was their knowledge of individuals, and that this facilitated person centred care. They told us that for people who were unable to communicate verbally staff learned to read their non-verbal communication and once you got to know people it is generally "Easy to identify when they did not want to do something and that this would be respected."

Staff were seen to be friendly and courteous to the people they were assisting. For example, when a person experienced confusion or asked repeated questions staff responded in a calm and patient manner.

At the time of this inspection none of the people living in the home were in receipt of advocacy services. We discussed with the registered manager the availability locally of advocacy services for people. The registered manager told us that they would contact the local authority in the event of a person requesting or demonstrating the need for an advocate.

Information in relation to what services people can expect whilst living in the home was available. In addition, in the foyer area there were leaflets available for people and their relatives to take and read in relation to people living with dementia and the Alzheimer's Society. In addition, we saw information was also available in relation to diabetes and the names of the two staff members who had the role of diabetes champions within the service

Good

Is the service responsive?

Our findings

The majority of people spoken with were not able to tell us about their care plan or whether they had contributed to it. One visitor who we spoke with told us that they had had a great deal of involvement in formulating their relatives care plan. They told us "I provided them [the staff] with a lot of information and it took a while to get it right but now it is kept up to date" and "We have had a couple of review meetings and they were well conducted by senior staff." A visitor further commented "The senior staff on both floors are very attentive and keep us informed and tell the other staff what to do" and "She [the deputy manager] comes round and is very pleasant, if I had a complaint I would be able to tell her."

People indicated that they made the choice as to what time they got up in a morning and went to bed at night. Three people told us their personal routines which varied widely. One person told us "I get up at 4.30. I'm always in bed by midnight", another person told us "Some get up at 6, they do what we want, I get up and shower at 7, I watch telly and get in bed about 10-10.30pm." The third person told us that they got up at 7.45am. Another person commented "There are no tight schedules; it's free and easy, like your own home." This showed that people were able to make individual choices within their day.

A number of people told us about the activities they participated in. One person told us "I like being on my own and reading" and another two people told us that they enjoyed playing dominoes every night. They told us that "There was sometimes a shindig in the lounge, and a karaoke this afternoon and a woman comes in with a dog sometimes." One person told us that the activities co-ordinator used to send a letter asking what people wanted to do and that , in the past there had been a couple of trips out to Southport and the rugby ground."

Each person's care planning documents had a needs assessment which included their needs in relation to personal care and physical well-being, diet and weight, sight, continence, social interests, hobbies and religious and cultural needs. Each of these assessments were accompanied by a mental capacity assessment in respect of each identified need and a full description of how their needs were to be met, when the person did not have the capacity to consent.

People's care plans were personalised. For example, one person's care plan stated how they liked to wear their hair; whether they preferred a bath or shower and that they liked to use perfume, deodorant and facial moisturiser. Throughout the care plans that we saw there was a clear personal approach in how the information was written. We saw that information stated that the person "likes", "wants", "encourage", "continues" and "prefers" written to inform staff of how people's needs were to be met. Personalised care plans help ensure that people receive their care and support in a manner that they want. We saw that care planning documents were reviewed on a monthly basis.

We saw that people's care planning documents contained a template for writing their 'Life Stories'. We saw that this information was rarely completed. However, staff told us that the activities co-ordinator was in the process of working with people and compiling life story books. Life story books are a useful way for people's personal history and life experiences to be recorded and can be used to aid people's memories of past events and times.

Lists of activities available were displayed around the home. We saw that these activities included pet therapy, arts and crafts, table top activities, bingo, films, quiz and reminiscence. Communion was held each week and all faiths were invited to join in. We saw that a varied selection of books were available in the many communal lounges and in people's bedrooms. During our visits we saw few activities taking place. We saw two people receiving manicures in one lounge area and another two people reading the papers. Staff spoken with told us that they felt there could be improvements with the activities available to people and more volunteers for chatting to people and for day trips out.

A complaints policy and procedure was available and accessible around the home. Information provided by the registered manager prior to this inspection stated that four written complaints had been received at the home within the previous 12 months. We looked at the records maintained in relation to complaints and saw that all four complaints had been addressed within the timescales. Staff spoken with knew what action to take in the event of a complaint being made.

Good

Is the service responsive?

We saw that a magazine was produced in a regular basis and copies were available around the home. The magazine celebrated people's birthdays, informed people of activities, fundraising, and a recipe a quiz and a number of puzzles.

There was a facility available in the foyer of the building for people to leave any comments they may have. In addition, 'resident and relative' meetings were held every six months to gather people's opinions. We saw that the next scheduled 'residents and relatives' meeting was November 2014. People spoken with were unaware as to whether or not their opinions had been sought. One person told us "I can't remember if I have been asked my opinion as to how the home is run."

Good

Is the service well-led?

Our findings

There was a registered manager in post who registered with the Care Quality Commission in November 2013. People spoken with told us positive things about the home. Their comments included "It's a happy ship run by a happy crew" and "I would recommend this place." A visitor told us "We have an aunt in another home and this is far superior."

We contacted the local authority who commissions the service on behalf of people and the safeguarding team who told us that they had no immediate concerns regarding the service. We also contacted the local Healthwatch team who told us that they had no recent information regarding this service.

Staff told us that they felt well supported in their role. They told us, and we saw records that they received annual appraisals for their role and group supervision when there was something specific or changes that staff needed to be aware of. One staff told us that they have staff "huggles" to remind them that they are doing a good job and to share news. Staff comments included "We pull together as a team" and "We have a very good deputy [manager], she is part of the team, you can talk to her."

Staff spoken with were fully aware of the role and the purpose of the service delivered at St Helens Hall and Lodge. Staff were proud of their roles and told us "We make a difference and the unit is run well. The residents are happy. The unit is organised, we work well as a team." Another member of staff told us "We do everything well, I am not just saying that, people are happy. It is only good if it is good enough for my mum and dad and it is."

When required CQC had been appropriately informed of incidents. These are incidents that the provider has to report which includes the death of a person who uses the service and injuries. Records of accidents and incidents were maintained within the home and reviewed by the registered manager on a monthly basis.

We saw that systems were in place to monitor and maintain equipment, fire detection equipment and the environment.

The registered manager explained and we saw that in order to ensure that people received the care they required and that evident risks were managed, regular audits took place within the service. For example, we saw that monthly audits took place in relation to complaints, people's weights and falls experienced by individuals. We saw that actions had been taken following the reviews of falls people had experienced and there was an opportunity to record these actions in the auditing process. Recognising and taking action on recognised risks to people minimises the risk of a further incident occurring.

A representative of the provider visited the home on a regular basis to review how the service was performing. We spoke with the representative at the time of our visit and they explained that following a visit a report was completed, and if required, the registered manager would then complete an action plan for improvements required. We looked at the two most recent reports of these visits and saw that information relating to people's views, medicines, care planning documents, accidents, incidents and safeguarding, emergency planning, meeting nutritional needs, infection control were included in the reports. These regular visits helped ensure that when required improvements were planned.