

Orchard Court Residential Home Limited

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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

The inspection took place on 24 February 2016 and was unannounced. The service was last inspected on 6 January 2014 and was compliant with the regulations that we looked at.

Orchard Court Residential Home Limited is registered with the Care Quality Commission (CQC) to provide accommodation for up to 30 older people, some of who may be living with dementia. Accommodation is provided over two floors and within four bungalows situated in the back garden. There is a secure garden at the rear of the service and a car park for visitors to use.

The service has a registered manager in place. '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.'

Staff understood they had a duty to protect people from abuse and knew they must report concerns or potential abuse to the management team, local authority or to the Care Quality Commission (CQC). This helped to protect people.

We observed that the staffing levels provided on the day of our inspection met people's needs. Staff were aware of the risks to people's wellbeing and what action they had to take to minimise risks. Staff were trained in a variety of subjects to develop and maintain their skills. Training was updated as required and supervision and appraisals occurred to help support the staff.

People's nutritional needs were assessed and monitored by staff. Their preferences and special dietary needs were known and were catered for. Staff encouraged and assisted people to eat and drink, where necessary. Advice from relevant health care professionals was sought to ensure that people's nutritional needs were met.

Staff supported people to make decisions for themselves they reworded questions or information to help people living with dementia understand what was being said. People chose how to spend their time.

People who used the service were supported to make their own decisions about aspects of their daily lives. Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made.

Staff were attentive kind and caring. There was a programme of activities provided to help stimulate people.

The service was being improved and a refurbishment and redecoration programme had commenced. We found some bathrooms downstairs needed a spring clean this was carried out to ensure the home remained

a pleasant place for people to live. One refurbishment of a bathroom which was planned to take place was commenced following our inspection. There was signage in place to help people find their way to the toilets and bathrooms.

People had numbers on their doors and door knockers. They were able to lock their bedroom doors if they wished. The communal areas were located on the ground floor. General maintenance occurred and service contracts were in place to maintain equipment so it remained safe to use.

A complaints procedure was in place. This was explained to people living with dementia or to their relations so that they were informed. People's views were asked for, feedback received was acted upon.

The registered provider undertook a variety of audits to help them monitor the quality of the service. We saw issues found were addressed.

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.

People were safeguarded from abuse. Staff understood their role in reporting concerns.

There were enough skilled and experienced staff to meet people's needs.

People told us they felt safe living at the service. Staff understood potential risks present to people's health safety.

Staff knew what action they must take in an emergency.

Is the service effective?

Good ●

The service was effective. Staff monitored people's health and wellbeing.

Staff were provided with training to maintain and develop their skills.

People's mental capacity was assessed to ensure they were not deprived of their liberty unlawfully. This helped to protect people's rights.

People nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

Staff were knowledgeable about people's needs, likes, dislikes and preferences.

Staff supported people to be as independent as possible which helped them live the life they chose.

People were treated with dignity and respect. People participated in friendly banter with the staff.

Is the service responsive?

The service was responsive.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Staff responded to people's needs, they listened to what people said and acted upon it.

A complaints procedure was available to people and their relatives.

Good ●

Is the service well-led?

The service was well led.

Audits were undertaken to help identify issues so that they could be corrected.

People living at the service, their relatives and staff were asked for their views and these were listened too.

Staff we spoke with understood the management structure in place and felt supported by the management team.

Good ●

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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.

The inspection took place on 24 February 2016 and was unannounced. It was undertaken by one adult social care inspector.

Before the inspection we looked at the notifications received and reviewed all the intelligence CQC held to help inform us about the level of risk for this service. We contacted the local authority to gain their views. We did not request a Provider Information Return (PIR) prior to our inspection. We reviewed all of this information to help us make a judgement.

We looked at the care records for three people who used the service and inspected a range of medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions action was taken in people's best interests and meetings were held in order to make important decisions on their behalf.

We spoke with five people using the service and with two relatives. We interviewed three staff the registered manager and operations manager who was visiting the service. We spoke with four visiting health care professionals to gain their views.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, three staff supervision records and appraisals, staff training record, the rotas, minutes of meetings with staff, quality assurance audits, complaints information, general and equipment maintenance information. We also undertook a tour of the building.

During the inspection we observed how staff interacted with people who used the service. 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 were unable to speak with us.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service. We received the following comments; "Staff check me in the night, I am definitely safe living here" "I feel safe, anytime day or night if I want anything press the buzzer they [staff] are here" and "I do feel safe here, there is no reason why I wouldn't be safe here."

Staff undertook training about safeguarding vulnerable adults. Staff we spoke with knew how to protect people from abuse and were able to describe the different types of abuse that may occur. They said they would report abuse straight away to the registered manager, senior staff or local authority. We saw there was a whistleblowing [telling someone] policy in place and safeguarding policies and procedures to help guide staff. A member of staff we spoke with said, "I have had safeguarding training. I would have no problem in whistleblowing at all, as long as the service user's are safe."

The registered manager monitored staffing levels provided within the service. They told us they make sure there were enough staff on duty with the right skills to support people generally and when people had appointments or were going out. Staff we spoke with confirmed there were enough staff provided on each shift to meet people's needs. We inspected the staff rotas. We observed staffing levels were flexible and monitored to maintain support to people. Staff told us they covered sickness, absence and holidays for colleagues to help provide continuity of care to people.

Procedures for recruiting staff were robust this helped to protect people from staff who may not be suitable to work in the care industry. Staff we spoke with told us they filled in application forms, provided references and had a police check, we saw this was the case.

We reviewed three people's care files and saw that risks to people's wellbeing; such as the risk of choking, falls, or receiving tissue damage due to immobility were identified, monitored and reviewed. People were assessed for walking aids, wheelchairs, hospital beds, pressure mattresses and cushions. The staff ensured that the assessed equipment people needed was used to help maintain their wellbeing. The registered manager told us that if people's needs changed and they needed special equipment this was always provided. We saw that personal evacuation plans were in place to inform the emergency services of people's needs in an emergency.

The registered manager was just implementing a new documentation called 'The Herbert protocol'. This was a Humberside police initiative to ensure that if a person went missing from a care home vital information was recorded to assist the police in their enquiry.

We saw that the registered manager undertook audits of accidents and incidents to see if there were any patterns present which helped them take action to prevent further incidents. Where necessary we saw that advice was sought from relevant health care professionals regarding prevention measures.

The registered manager monitored and analysed accidents and incidents that occurred, they looked for any

patterns to try and implement support to prevent further issues. This information was shared with staff and health care professionals to reduce the risk to people's health and safety.

During our inspection we undertook a tour of the premises. People had access to a buzzer system to use when they needed assistance from staff. This had been upgraded recently so that people had mobile devices they could use throughout the service. We saw hand washing facilities and sanitising hand gel was available for staff and visitors to use and personal protective equipment, for example; gloves and aprons were available for staff. We found that the downstairs bathrooms needed a spring clean. We discussed this with the registered manager and registered provider. This was undertaken after our inspection and photographic evidence was provided to confirm completion of this. One bathroom required refurbishing, this was planned to take place later in the year however, the registered provider brought this refurbishment forward and informed us this was now being undertaken. We also noted in the shower room there was a cupboard with a boiler present. A carbon monoxide detector was not present. This was discussed with the management team and detectors were fitted straight away to help maintain people's safety.

Regular checks were undertaken on the emergency lighting, fire extinguishers and fire alarm systems. Staff undertook fire training to help them prepare for this type of emergency. General maintenance was carried out and service contracts were in place to help monitor water, electrical and gas safety and equipment at the service. The registered manager and senior staff operated an 'on call' system they could be contacted any time by staff for help and advice if an emergency occurred.

We inspected the medicine systems in operation at the service. A monitored dosage system was used this was prepared by the supplying pharmacy. This system was designed to help staff dispense people's medicines safely. There were robust systems in place for the ordering, storing, administration, recording and disposing of medicines. Photographs were present to help staff identify people and their allergies to medicines were recorded. This helped inform staff and health care professionals of any potential hazards. We checked the audited balance of medicines for people at random, we found these were correct. There was a protocol in place for homely remedies so people could be given the occasional dose of medicines such as paracetamol and lactulose, as required. Staff we spoke with described this system and confirmed they would contact people's GP's if more than one dose of this medicine was needed. Audits of the medicine system were in place to help prevent any issues from occurring.

During our inspection we observed a member of staff undertaking part of a medicine round, they had received training about how to undertake this safely and was competent at giving people their prescribed medicines. We observed they took their time to correctly check the medicine to be given; the person's identity and that the person had taken their medicine. The member of staff confirmed their skills and competency was reviewed during supervision to maintain the appropriate safe standards for medicine management.

Is the service effective?

Our findings

People we spoke with said the staff looked after them well and met their needs. One person we spoke with said, "There are enough staff and generally no issues. The food, well I cannot grumble at all." Another person said, "There are enough staff here. The food is alright."

During our inspection we observed staff delivering care and support to people in the communal areas of the service. We saw staff knew people's needs, likes, dislikes and preferences. We observed staff prompting and encouraging people to do what they could for themselves which promoted their independence and helped people live the life they chose.

We looked at staff training records which confirmed regular training was undertaken in a variety of subjects which included; moving and handling, medicine management, safeguarding people from abuse, first aid, infection control, dementia, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and food hygiene. Staff confirmed there was on-going training which had to be completed to maintain and develop their skills. A member of staff we spoke with said, "I did all my training at induction. It is mandatory training and on-going. I have undertaken training about Parkinson's disease and Arthritis." There was a programme of supervisions in place and staff had a yearly appraisal. This allowed staff and the management team to discuss future development of the staff's skills and identify any further training requirements. The staff we spoke with said they found this helpful.

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.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. Records showed relevant staff had completed MCA and DoLS training. The registered manager was aware of their responsibilities in relation to DoLS and understood the criteria. They told us applications for DoLS had been made for five people who met the criteria and they were awaiting authorisation by the local authority and one had been granted.

We saw that where people had been assessed as lacking capacity to consent to care and make their own decisions, best interests meetings were considered to discuss options; these included ensuring relatives and other relevant people had input into discussions about decisions.

During discussions with staff we found they had undertaken training about the principles of the Mental Capacity Act 2005 (MCA) and were able to describe how they supported people to make their own decisions. We observed staff offering choices to people and supporting them to make decisions about what they wanted to do, for example; what they wanted to eat and drink and what activities they wished to take part

in. A member of staff said, "We liaise with family and professionals and have a capacity assessment. Now we have started doing capacity assessments these are signed by staff in house and then someone from the council comes to see these, we have people with DoLS in place." The registered manager confirmed that advocates could be provided locally for people who requested help or support. We saw leaflets about this were available to people.

People had their nutritional needs assessed on admission and this information was reviewed and reassessed regularly to make sure people's dietary needs were met. We observed that staff understood people's dietary need, preferences likes, dislikes and food allergies. We spoke with the cook who told us about people's dietary needs. We observed lunch the food looked appetising and nutritious. Staff asked people if they wanted second helpings, or smaller portions. Staff observed if people were not eating their lunch, gentle encouragement was provided. If this did not work other choices of food were offered and staff monitored people to make sure they had eaten their lunch and had a drink. People who required assistance were helped by patient attentive staff. People chose where they wanted to eat. The dining room had a relaxed feel and there was a sociable atmosphere with people singing along to the background music provided.

The building where the service was provided was a large house with four purpose built bungalows in the rear garden. A stair lift was provided to the first floor. We saw hoists and special equipment such as hospital beds with pressure relieving mattresses were in use for people who had been assessed as requiring this to help maintain their wellbeing. Signage was provided throughout the service to help people find their way around. There were numbered doors with door knockers present to help orientate people to their own room. We discussed the environment with the registered manager who told us a full re-decoration and refurbishment programme had commenced. The outside of the home had been painted and the dining room. The re-decoration programme had been planned to incorporate different colours and features to assist people living with dementia to find their way around the service.

There was a small car park at the front of the service and with a garden and patio area provided at the back of the service. The back garden had a gentle sloping ramp to the lawn and garden furniture was provided and was secure so people could walk around to promote their independence.

Is the service caring?

Our findings

People we spoke with told us they were well cared for and told us the staff were caring and kind. We received the following comments from people and relatives; "They are ever so good [the staff]" "We couldn't wish for anything better. All the staff are so very caring" "Staff are polite and respectful, if you give respect you get it back" and "The staff are polite, it's quite nice."

We observed staff spent time with people in the communal areas of the service and we saw they asked people how they were and if everything was alright for them or if they needed anything. The staff took time to make eye contact with people and they waited patiently for a response or rephrased what they had said to help people living with dementia to respond. We saw that feedback given from people to the staff was listened to and acted upon. People looked relaxed and contented in the company of staff.

Staff were attentive and they offered help and assistance to people where this was required. For example, a person was finding it difficult to eat their lunch so the registered manager asked the person if they would like some help, this was declined. Observation occurred from a distance and when the person was not eating an alternative meal was offered. This person then took their time to enjoy their meal, supported and encouraged by staff.

We saw that people living at the service had put their thoughts and feelings onto hand-made leaves placed on a 'dignity tree' which was located at reception. This was created after asking people for their feedback about what was important to them. People had written the following comments; 'to be treated the same as others' and 'equal choices'. The registered manager told us how it was important for all staff to reflect on this feedback and to make sure people living at the service felt 'at home'.

We observed staff addressing people by their preferred names. We saw staff knocked on people's bedroom doors before entering, which helped to protect people's privacy and dignity. Staff ensured people's bedroom and bathroom doors were closed when providing personal care to ensure privacy was maintained. During our visit we spoke with staff who said they enjoyed working at the service. They told us they treated people as they would wish to be treated. A member of staff said, "The residents are so happy, there is a lovely atmosphere. This makes me who I am."

Visitors were made welcome and could attend the service at any time. The registered manager told us that people's relatives were invited to have meals at the service to maintain a 'family life'. We saw this occurred.

We spoke with health care professionals visiting the service. They told us the staff cared for the people living at the service and there was always staff about. One health care professional said, "I really like this home. It is the best one I see, particularly the staff they are caring. I have mentioned it to people looking for a home. I have never seen anything that has worried me."

We observed that the registered manager placed people living at the service as their top priority along with the staff.

Is the service responsive?

Our findings

During our visit people we spoke with told us they felt the staff responded to their needs and they said they were supported well by the staff. We received the following comments from people living at the service and their relatives; "If I was not well they (staff) would get the doctor for me" "I would complain I don't think I need to complain" and "I was involved in creating the care plans on admission."

We saw that before people were offered a place at the service an assessment of their needs was undertaken. This ensured that people could discuss their care and support needs and allowed the registered manager and staff to make an informed decision about if their needs could be met. People and their relatives were encouraged to visit the service on more than one occasion if they wished, to see if they felt it was the right place for them.

If people were admitted into the service from home and had been receiving support from social services a copy of their care plan was gained from the local authority. Information was provided from discharging hospitals to help inform staff about people's needs. This was used as a base line by staff to create people's care plans and risk assessments. We saw that once a person came into the service their needs were monitored, reassessed and reviewed over time and as their needs changed. This helped staff provide person centred care and support to people. Staff told us they reviewed people's care with people and their chosen representative to make sure they received the support they wished to receive.

People's care records contained phone numbers for doctors, district nurses and other relevant health care professionals supporting them at the service. If a person was unwell staff ensured they had their condition reviewed by a health care professional, this review was recorded. Changes in people's needs were acted upon and were kept under review to help maintain people's wellbeing. Staff we spoke with told us they contacted health care professionals if people were not well to gain help and advice, which they acted upon. Health care professionals visiting the service said, "If staff needed to contact us they would, communication is good both ways" and "The staff are willing to discuss our advice, they are very helpful and responsive. If they are worried they would ring, we do get phone calls. The staff work with me and are available for me. They have done good work with my client's. I am part of their team- we work well together."

People's nutritional needs were assessed on admission and this continued if necessary. We saw that if people had a poor appetite or if they were reluctant to eat and drink their nutritional intake was monitored by staff. Where necessary, health care professionals such as GP's and dieticians were involved to make sure people's dietary needs were met.

Staff told us how they monitored people's condition on a daily basis and reported changes in people's needs at the staff handovers between shifts. Information about people's health; dietary needs, emotional state and activities undertaken were shared so that staff were informed of people's current needs. There was a 'key worker' system in place. This is where an allocated member of staff helps to support named people and their family within the service.

During our inspection we carried out a SOFI observation. We saw that staff were able to distract people's attention if they seemed to be getting agitated or upset. There was a calm atmosphere within the service and staff talked with people to help reassure them.

Equipment was provided to help maintain people's wellbeing, for example, we saw people using walking aids which they had been assessed for to help prevent the risk of falls. We saw pressure relieving mattresses and cushions were provided to people at risk of developing skin damage due to being frail or immobile.

We observed staff prioritised care, for example, we heard an emergency call bell alerted staff who immediately went to the person's assistance. We saw if people were trying to get up unaided which may have posed a risk to the person's wellbeing staff attended quickly to support them.

There was a schedule of activities provided at the service. This included events such as a 'Petting Zoo' where animals had been brought in for people to see, Boogie Beats exercise to music. Photographs of events that had taken place were displayed. This included afternoon teas, outings to the Heritage centre in Brigg and other venues. The activity co-ordinator was not on duty on the day of our inspection. We saw staff engaged with people and some people played board games, others had a sing a long at lunchtime and some went out with relatives to gain social stimulation. There was a 'weekly staff bonus ball' draw organised by a person residing at the service and funds were placed in the resident's social activity fund. We saw staff reminiscing with people about their lives. Staff were seen to encourage people to have a walk outside with them if they had been sitting for some time. Relatives were invited to events; there had been a Valentines meal, Christmas party and Halloween celebrations along with a Chinese food event 'Red Nose Day' and pending Easter event. Relatives we spoke with confirmed they were invited to events; we were informed one relative attended regularly to eat with their relation so that family time was maintained.

There was a complaints procedure in place. People we spoke had no complaints to make. People we spoke with had no complaints to make. Staff we spoke with said they would try and deal with any issues but would report complaints to the registered manager. There was a comments and suggestions book provided for people and their relatives to report any issues for the management team to address.

Is the service well-led?

Our findings

During our inspection the people we spoke with and their relatives told us they were happy with the service they received. We observed that the registered manager was available for people, relatives and staff to speak with. We received the following comments about the service; "The manager works really hard here" and "The attitude of the management and staff is very good."

People and their relatives confirmed the registered manager and staff consulted with them and acted upon what they said. They said they were asked for their opinions about the service. A relative said, "There is a poster in the entrance about a relative and residents group."

A health care professional said, "I know the management team here are pretty switched on, they would address any issues."

The registered manager had an 'open door' policy so that people, their relatives or visitors could speak with them at any time. The registered manager worked with staff and observed how they delivering care to people. The staff we spoke with told us the management team were supportive and approachable. Staff confirmed they could raise issues with the management team at any time. A member of staff we spoke with said, "The registered manager is amazing, she came as a carer and worked her way up to registered manager. There is good teamwork, any problems we air them and they are sorted out. The home has never run so well. The registered manager always has time to have a chat, this stops problems. We have a staff meeting coming up to air our views."

Staff meetings were held to help inform the staff and find out their views. We looked at the minutes of the staff meetings which had been held, these were available for staff who had not been able to attend to help keep them informed. Staff told us the ethos of the service was positive and they understood the management structure within the service.

The registered provider had a representative who did not work at the service assessing the quality of the service provided. This was undertaken through completing a variety of audits; covering dignity in care, medications, care files, staff files and marketing. We looked at the results of the audits that had been completed. We saw that any issues found had an action plan produced and action was taken to resolve the issue. The registered provider had been aware about the environmental issues found and the refurbishment was underway to address the issues.

There were named staff who were allocated to be 'champions' in certain subjects. There were dementia, health and safety, food and nutrition and moving and handling champion's in place. They were responsible for ensuring people's needs were met in regard to these subjects and for staff training and support in these areas. The registered manager carried out observations of the care given as part of the quality monitoring of the service. There was also an employee of the month scheme in operation which helped staff feel valued.

People were asked for their views about the service. We saw quality assurance reports undertaken which

gave positive feedback regarding; people's dietary experiences and well-being. There was feedback in this format from staff about their experience of the service and from visiting professionals.

Resident and relatives meetings were held. We saw that people had requested another member of staff on duty on an evening and this had been implemented since Christmas 2015. Trips out were suggested which were being looked into and new dining room furniture had been requested which had been provided. This demonstrated that the registered manager and registered provider used feedback to improve the service.

The environment was being refurbished to make sure it was improved for people living with dementia. We were shown a '50 point person centred leadership in dementia care checklist' which the registered manager was introducing to the service. The aim of this was to get staff to develop a deeper understanding of people's individual needs when they were living with dementia.