Brunelcare

Orchard Grove Reablement Centre

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 5 June 2018. At our last inspection in May 2017 the service was incorporated into the registration of the adjoining nursing home, Saffron Gardens and the service was rated Requires Improvement. However, the shortfalls we found related to the nursing home rather than the reablement part of the service. In December 2017 the registrations were separated in to the reablement centre and the nursing home. This was the first inspection of the service under the new registration arrangements. The service can accommodate 24 people. At the time of our inspection 15 people were being supported at the service.

The inspection was unannounced and took place on 19 June 2018.

Orchard Grove is a reablement centre. People attend the service for packages of care to support them in returning to their own home. Nursing care is provided along with rehabilitation provided by Occupational Therapists and Physiotherapists. On the lower floor of the centre, therapy staff were provided by Bristol Community Health. On the second floor therapists were self-employed but paid for by the provider.

We found that the service was safe. People told us they felt safe and well supported. People told us that staff came to help them promptly when they used their call bells and that there were always staff available when needed. The manager had identified some issues with medicines administration and had plans in place to address them.

The service was effective. Staff were positive about the training and support they received and had regular supervision to support their development. The building was well suited to its purpose. There was a gym located on the second floor to support people in their rehabilitation. Overall people were well supported to meet their rehabilitation goals. People had the support of regular GP visits to the service. Feedback from GP's was positive about the support people received.

Staff were kind and caring and treated people with respect. People commented positively about staff telling us they were able to share jokes and laughter. People's views and opinions were sought in order to help the provider monitor what was working well and identify areas for improvement.

The service was responsive to people's individual needs. There was a process of assessment prior to people coming to the service to ensure their needs could be met. People's progress was monitored closely and discussed in multi-disciplinary meetings. There were activities taking place for people to take part in if they wished to do so. This included an art club and a visiting organisation specialising in activities for older people. There was a process in place for responding to complaints. These were investigated thoroughly and a response provided to the individual concerned.

The service was well led. There was a manager in place who was in the process of registering. The manager

was well supported by senior staff within the organisation. There was an open and transparent culture within the service. Staff felt able to discuss issues or concerns and were confident they would be listened to.

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. There were sufficient numbers of staff to meet people's needs.

People received safe support with their medicines.

There were risk assessments in place to guide staff in providing safe support to people.

Staff were confident in their knowledge of how to protect people from the risks of abuse.

Is the service effective?

Good

The service was effective. Staff received good training and supervision in order to support them in carrying out their roles.

People received effective support in order to meet their rehabilitation goals.

People had access to sufficient food and drink and were happy with the quality of food provided.

The building was well adapted to supporting people with their rehabilitation. There were gym facilities on site.

Staff were aware of the principles of the MCA and DoLS

Is the service caring?

Good

Staff were kind and caring and built strong relationships with the people they supported.

Independence was strongly encouraged to help people return to their own home.

People were involved in the running of the home through their feedback and views being sought.

Is the service responsive?

Good

The service was responsive to people's needs. There was a clear

assessment process prior to people attending the service.

People were able to take part in activities if they wished to do so.

People could be confident that their complaints would be listened to and investigated.

Is the service well-led?

Good

The service was well led. The manager was well supported by the wider organisation.

There was an open and transparent culture within the service where staff felt able to approach senior staff to report their concerns.

There were systems in place to monitor the quality and safety of the service.

Orchard Grove Reablement Centre

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 19 June 2018 and was unannounced.

The inspection was undertaken by one Inspector and a Specialist Advisor who was a qualified physiotherapist.

Prior to the inspection we reviewed all information available to us. This included the Provider Information Return (PIR). The PIR is a form completed by provider to give information about the service, what they are doing well and any improvement they plan to make. We also reviewed notifications. Notifications are information about particular events that the provider is required to send us by law.

As part of our inspection we received feedback from eight community health professionals who had involvement with the service. We spoke with seven people using the service and six members of staff. We spoke with the manager of the service and the provider's clinical lead. We reviewed the care records of three people and other documents relating to the running of the service such as incident records, audits and training records.

Good

Is the service safe?

Our findings

The service was safe. People told us they felt safe staying at the centre and had no concerns. We saw that people had access to call bells so that they could call for staff in an emergency or when they needed help. There were sufficient numbers of staff to ensure people were wells supported and could answer call bells promptly. People told us staff attended to them quickly and they didn't have to wait long. One person told us "they're there quick". One health professional familiar with the service commented "The staff consider the safety of service users as paramount and are aware of this when accepting new admissions. For example they will not accept an admission if they already have a certain number of service users requiring assistance of 2 and they feel they cannot safely accommodate another requiring this level of assistance without compromising the safety of other service users."

Therapy staff on the lower floor of the building were provided by Bristol Community Health and reablement workers were employed by Brunelcare. There were also self-employed therapists working within the service on the top floor. Recruitment checks were undertaken for staff employed directly by the provider. This included carrying our Disclosure and Barring Service (DBS) checks. A DBS check identifies whether a person is barred from working with vulnerable adults and whether they have any convictions that may affect their suitability for the role. References were sought from previous employers and photographic ID obtained. The manager confirmed that staff employed by Bristol Community Health also had suitable recruitment checks undertaken.

There were risk assessments in place to guide staff in providing safe support for people. This included an assessment of people's moving and handling needs, their risk of falls and risk of developing pressure damage to the skin. This helped ensure a consistent approach amongst staff to managing the risks associated with people's care.

Staff told us they felt confident about safeguarding vulnerable adults from abuse. One member of staff told us they felt "very comfortable" about reporting any concerns. They gave an example of one occasion when they had been concerned about something a person using the service had told them. The member of staff had reported this and told us it was dealt with appropriately. Staff knew where to find safeguarding policies and procedures should they ever need to refer to them.

People received safe support with their medicines. These were stored securely so that only people who were authorised to do so had access to them. There was additional security in place for medicines that required it. The manager told us they had identified some issues with the administration of medicine that had led to errors occurring. These errors had been reported to the local authority. The manager told us this was something they wanted to address and was a high priority for them. They told us they would be delivering some tailor made training to staff to address the issues they'd identified. The service used a computerised system for administering medicines. Staff had a hand held device which contained a photograph of each individual and contained information about the medicines they were prescribed. The device alerted staff when time critical medicines were due, such as those prescribed for Parkinson's disease.

Medicines arrived from the pharmacy in their original packaging, however the manager told us that they were looking to individualise this approach to the system that people would be using when they returned home. So if people preferred their medicines in be delivered in a Monitored Dosage System (a system that organises medicines in to the days and times they need to be taken), then the manager told us they would look to use this system in the centre. One person told us staff had helped them address a concern about the medicines they were prescribed by liaising with the person's GP to amend the dose of one particular medicine that was problematic for them.

There were systems in place to record any incidents and accidents that occurred. This included analysis of falls to look at the times of day they occurred. This helped identify any trends in the types of incidents occurring. Incident forms recorded the steps that had been taken to prevent reoccurrence.

There were measures in place to protect people in the event of fire. This included a full fire risk assessment and individual evacuation plans for people using the service. The environment looked clean and fresh and there were checks in place to monitor infection control procedures in the service. We did report some minor issues around hand hygiene with the manager for them to address. For example, some staff wore jewellery whilst serving meals. The manager told us they would address this. We saw records confirming that when there had been outbreaks of illness at the service, this had been reported to the relevant authority for monitoring.

Good

Is the service effective?

Our findings

Staff were trained in and aware of the principles of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. Staff told us that they would sometimes be involved in mental capacity assessments and best interest decisions when a person expressed a wish to leave the service when it might not be in their best interests to do so.

People who lack capacity can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. Given that the service aimed to rehabilitate people in order for them to return to their own homes, it was rare for people to require DoLS authorisation. However, the manager was aware of the process to follow should it be necessary.

Staff all reported being satisfied with the level of training and support they received. A training matrix was kept to show when training needed to be refreshed. Topics for training included equality and diversity, health and safety, first aid, safeguarding, manual handling, food hygiene, infection control and dementia. Records were also kept of when staff received one to one supervision. Supervision is an opportunity for staff to discuss their training and development needs. Several staff commented on how they were being supported to gain further qualifications such as NVQ's. One new member of staff told us they had been supported to complete the Care Certificate. This is a qualification that staff in the care sector undertake to ensure they meet the minimal standards required. Another member of staff told us how they been supported in their new role, having been promoted to a senior reablement worker position. This reflected a commitment on behalf of the provider to support and develop staff in furthering their careers.

The service was effective at supporting people to meet their rehabilitation goals. There was a different set up on each floor of the service with staff from BCH providing therapy on the first floor and therapists paid for by the provider working on the second floor. This set up did lead to some differences across the service in how staff worked. In particular around communication as staff from BCH used their own systems as well as the provider's. Some staff also raised concern about communication between therapists and reablement workers. Overall feedback from staff didn't' present this as a significant concern, with staff reporting that team work was generally good. It was apparent however that there were occasional lapses in communication, particularly when therapy goals were updated. We discussed this with the manager who told us they had put measures in place to improve this. A reablement worker was now present at the weekly multidisciplinary meetings where individual's and their progress was discussed. This meant that reablement workers were aware of updates in people's care first hand.

Although there were some issues reported to us in terms of how the service communicated and worked with

healthcare professionals, we also received a lot of positive feedback. One professional fed back 'I have found the organisation at Orchard grove to be efficient, they liaise well with hospital departments and social care services, the multidisciplinary team seems to work well in allowing patients to recover as quickly as possible.'

Each set of records reviewed demonstrated from a therapy aspect that there was an individualised care plan which was being worked towards. One issue that was raised with us by staff was that people weren't always encouraged to make their own meals. People confirmed they made and prepared their own breakfasts but that other meals were prepared in the adjacent care home and brought over for people in the reablement centre. Staff were concerned that this didn't fully fit with reablement model of the service. We discussed this with the manager who was aware of the concern and looking at ways to address it. They told us that for some people going home, they would be having meals delivered and so meal preparation wasn't necessarily something they would need to work towards.

People were happy with the food at the service. One person commented "you can't fault it". Another person told us they had put on weight since being at the service. We saw that everyone we spoke with had access to drinks in their rooms.

The premises were well suited to rehabilitation of the people staying there. Each of the rooms were spacious enough to accommodate whatever necessary equipment was required. There was a gym on the first floor of the building. There was a concern raised by staff the gym wasn't always available for use when required because it was used for other purposes such as meetings. We raised this with the manager who was aware of the concern but told us that it was necessary to use the gym occasionally for other purposes but the impact on people was minimal.

Good

Is the service caring?

Our findings

The service was caring. People gave positive feedback about staff and the service they received. One person commented "they all look after us very well". Another person said, "they help me a lot", "they're very good". Further comments included "you can't beat it" and "we have such a laugh". A professional who visited the service on a regular basis told us 'Staff appear committed to provide a caring warm atmosphere and encourage as much independence as they can in the residents as they recover from a variety of illnesses.'

We observed during our inspection that staff treated people with respect. Staff were observed working with clients for their mobility practice. They would get down to their level, speak to them in an encouraging manner, allow the client time to talk and question. These sessions appeared relaxed and not rushed. Staff spoke positively and warmly about the people they supported. We heard several examples of people who staff had supported to go home successfully and how rewarding this was for them to see. One person told us they had experienced a fall and since then the physiotherapist had called in on them regularly to support them with their confidence and recovery.

People confirmed they were involved in decisions about their care and support. One person told us "they discuss the level you should be up to". People were invited to give their views and opinions of the service after completing their stay by completing a form. We read a number of positive comments on these; "friendly, homely atmosphere" and "I had the best treatment I could ever have asked for".

Achieving independence was a core of aim of the service as it supported people to return to their own homes. One person told us "they make you think for yourself". Another person told us how they were now able to walk small distances, which they weren't able to do when they first arrived.

People had their own private space, which staff respected by knocking on doors before entering. We also noted how people's photographs were placed on the door to their rooms. Staff also described how they supported people's privacy when providing personal care, for example by covering parts of the body with towels. There were lounges on each floor of the service for people to socialise if they wished to. However, if people didn't wish to socialise with other people, this was respected. One person was supported to eat their meal alone as this was their preference.

Good

Is the service responsive?

Our findings

The service was responsive to people's individual needs. Senior reablement workers told us they were responsible for checking new referral to identify which were suitable for admission. This helped ensure that staff were able to meet people's needs successfully. Staff told us they would liaise with the hospital staff if there was any additional information they needed and then a final decision on admission would be made in conjunction with other staff. Staff told us this system worked well most of the time.

People were able to make complaints if they needed to. A log of complaints was kept and where investigations were carried out, these were robust. For example, in one instance a concern was raised about the conduct of a member of staff. It was clear from the records kept that the concern was taken seriously and the person concerned was kept informed of the progress of their complaint. It was recorded that they were satisfied with the actions taken by the manager. People we spoke with had no concerns but told us they would feel able to report concerns if they arose. In another complaint, a person raised concerns about pain relief. This was investigated thoroughly and a conclusion reached that was satisfactory to the person concerned.

People's therapy goals were personalised to their individual circumstances. Goal attainment scales (GAS) were recorded for clients which were able to identify how close to achieving or to what extent a goal had been achieved. This helped staff monitor how well people were progressing.

There were some organised activities available for people to take part in if they wished to do so. There was an art club for example. Some work produced by the group was on display. Some people also took part in gardening activities in the grounds of the service. Some outside organisations visited the service occasionally such as one particular organisation specialising in providing activities for older people. The manager told us how they were hoping to develop the social opportunities for people to help prepare them for their return home. The manager explained that sometime people missed the social aspect of being in the service and found it difficult then returning home and being alone. The manager was looking to address this by supporting the person to develop social links with their community before going home. This could be done for example by providing transport to attend groups. If these links could be developed and put in to practice it would be hugely beneficial for people using the service.

Good

Is the service well-led?

Our findings

The service was well led. There was a manager in place who was applying to register with the Care Quality Commission. The manager had previously worked as a nurse within the service and so was familiar with how the service worked. The manager had clear ideas about areas that they wanted to address and what they could do to improve the service further. This included addressing errors that had occurred with the administration of medicines, and looking at ways to support people in making links with their local community before returning home. The manager also identified learning and development for staff was an area that was important to them. This was reflected in feedback from staff, many of whom appreciated the opportunities they had been given to gain further qualifications and develop their careers.

The manager was well supported by senior staff within the wider organisation. The provider's clinical lead and director of care homes were present during the inspection and regularly visited the service.

The manager told us they attended monthly manager's meetings where they had opportunity to share ideas and learn from other managers. They also told us they had just enrolled for a level 5 leadership in care course, which would support them in developing the skills required to manage the service. Within the service, handover meetings took place between shifts to ensure that all staff were kept informed of any updates in people's needs.

There were challenges in managing the service, given the different models of care provided on each floor of the service. However, the manager and senior staff were monitoring this closely and looking at outcomes for people using the service to identify what was working well and any issues that needed to be addressed. The service worked with commissioners to review the service provided. The model of working with BCH staff on the lower floor had been in place for five months at the time of our inspection. Through discussion with staff, it was evident that there were some issues that they felt could be improved upon, such as communication between teams and lack of space for therapists to complete their records. However, these issues did not impact on people's support and overall, staff felt they worked well together.

There were processes in place to monitor the safety and quality of the service provided. This included for example an audit of infection control. This had resulted in a number of action points being identified, such as areas of flaking paint that were reported to the maintenance team. There was also a monthly care plan audit taking place to check for example that people were able to access their own care plans.

Staff all reported that they felt able to approach the manager and senior staff within the organisation. This promoted an open and transparent culture within the service where staff felt able to raise issues and were confident senior staff would listen.