Broadoak Group of Care Homes

Orchard House

Inspection report

Weston Drive
Market Bosworth
Leicestershire
CV13 0LY
Tel: 01455 292988
Website:

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Ratings

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

Overall summary

The inspection took place on 26 November 2014. It was an unannounced inspection. When we last inspected the service on 1 August 2013, the service met the standards we inspected.

Orchard House is a single story residential care home that provides accommodation and personal care for up to 30 older people. At the time of our inspection 30 people used the service.

The service has 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.

The service had effective arrangements for protecting people from abuse. Staff knew how to recognise and respond to signs of abuse. People's plans of care included risk assessments that helped staff to support people in a way that minimised the risk of people suffering injury. However staff did not respond to signs that a person was

Summary of findings

at risk of falling whilst walking until we intervened. There were enough staff to meet the needs of people using the service. Arrangements for the management of medicines were safe.

Standards of cleaning and monitoring of cleaning standards required improvement.

Staff received relevant training and support to be able to understand and meet the needs of people using the service.

The registered manager and senior care workers had awareness of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). That legislation had been correctly used at the service.

Staff supported people with their health needs by involving the relevant health professionals. . People had a choice of food and their nutritional needs were met.

The décor of the home showed signs of age. The registered manager was exploring ways to improve the décor of the home to make it more friendly for people with dementia. We have made a recommendation about providing an improved environment for people living with dementia.

Most staff demonstrated care and compassion when they supported people. However, we saw instances of staff not treating people with dignity and respect in the way they spoke with people. People's rights to privacy were not always respected because the provider had not made it easy for relatives to be able to spend private time with people using the service. People were not always involved or consulted about decisions that affected them, for example about relatives visiting at meal times.

People's documented plans of care focused on people as individuals and contained useful information about them. However, that information had not always been used to develop meaningful and stimulating activities that helped people maintain their interests and hobbies. The registered manager had begun to address this issue.

The provider had a complaints procedure. People we spoke with knew how to make a complaint. The complaints procedure was not available in an easy to read and understand format for people with reduced communication skills.

The provider sought people's views about the service. Staff felt able to make suggestions about developing the service.

The provider had arrangements for monitoring and assessing the quality of the service. Those arrangements had not always ensured that all areas requiring improvement were identified. The registered manager had ideas for improving the service.

We found that people were not always treated with consideration and respect. You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

The service had arrangements for protecting people from harm and abuse that staff understood and put into practice.

Staff were not fully alert to risks people were exposed to in their day to day lives. Standards of cleaning required improvement.

Requires Improvement

Is the service effective?
The service was effective.

People using the service were supported by staff who had the necessary skills and knowledge, including the relevance of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Aspects of the home's interior décor, light and signage needed attention to make them more user friendly for people living with dementia.

Good

Is the service caring?
The service was not consistently caring.

Not all staff treated people with dignity and respect and people's privacy had not always been supported.

People using the service had not always been involved in decisions about their care and support.

Requires Improvement

Is the service responsive?
The service was not consistently responsive.

People's plans of care were individualised, but information in those plans was not always used effectively to deliver individualised care in terms of activities that were provided.

A complaints procedure was available but it was in a format that was not easily accessible to all people who using the service.

Requires Improvement

Is the service well-led?
The service was not consistently well-led.

The provider's arrangements for seeking the views of people who used the service required improvement.

The provider's arrangements for monitoring the quality of service had not identified a number of shortfalls in the service.

Requires Improvement

Orchard 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 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 26 November 2014. It was an unannounced inspection which meant that the provider, registered manager and staff did not know we were visiting.

The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the service. This included information we received in the form of notifications from the home. At our last inspection on 1 August 2013 we did not identify any concerns with the care provided to people who lived at the home.

Before the inspection, 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. They completed and returned the PIR after our visit.

We spoke with six people who used the service and relatives of three of those people. 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 also spoke with the registered manager, four care workers and a cook. We looked at four people's plans of care and associated care records, a summary of a staff training plan and management information records. We also contacted the local authority who had funding responsibility for some of the people who were using the service.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe at Orchard House. They told us they felt safe because of the staff. A relative told us that whenever they brought their parent back to Orchard House after a trip out their parent was always happy to go back because they felt it was their home.

People who used the service were protected from abuse. They and relatives knew how they could raise concerns if they wanted but they told us they had no reason to do so. Staff had received training to help them understand how to recognise, respond and report signs that a person using the service may have been abused. Staff described what signs they looked for to identify that a person may have been abused. For example, staff were alert to changes in a person's mood, sleep patterns and food intake and unexplained bruising. The service had procedures for safeguarding people and reporting abuse. Staff we spoke with were familiar with those procedures and knew how to respond to and report any incidents. Staff also knew they could report concerns about people's safety directly to the local authority safeguarding team, the police or the Care Quality Commission.

The provider had procedures for staff to use to report incidents such as accidents or injuries to people using the service. Staff were familiar with those procedures and had used them. Reports of incidents were investigated by the registered manager or senior care workers. The provider had cooperated with safeguarding investigations carried out by the local authority. Outcomes of investigations had been acted upon by the provider to make the service safer.

People's plans of care included risk assessments that detailed the kinds of risks people were exposed to in their everyday lives and in connection with their personal care routines. The risk assessments contained information about how staff should support people in ways that minimised those risks. For example, some people had been assessed as being at risk of falls because they were unable to walk without walking frames. Staff were aware of the risk assessments. However, during the morning of our inspection we saw that a person was at risk of falling because of they wore loose footwear. We brought that to the attention of staff who acted appropriately.. The person told us they felt much more comfortable after their footwear was changed. Until we brought the matter to the attention of staff they had not noticed that the person was at risk of falling or acted to protect the person from a risk of falling.

As we were being shown around the premises we noticed that a bedroom that was unoccupied at the time had a strong odour. The carpet and bed linen were stained and a chair and cushion were wet. An en-suite toilet had not been flushed and a toilet brush was dirty. This prompted us to look in other bedrooms. In another bedroom we found used underwear on the floor of the en-suite. In a third bedroom we saw a v-cushion a person used at night that was stained with what looked like bodily fluid. The standard of cleaning in those rooms required improvement.

People who used the service told us they felt there were enough staff and that staff usually responded quickly when they asked for assistance. The registered manager decided how many staff should be on duty. Their decisions were based on people's needs and they aimed to ensure a safe ratio of care staff to people using the service. That ratio was usually one care worker to five or six people. At night time two care workers were on duty. The service employed ancillary staff which meant that care workers were not usually asked to carry out non-care duties. We observed that care staff were not hurried and that calls for assistance were answered promptly.

People who used the service received the right medicines at the right time. The provider had safe and effective arrangements for the management of medicines. These included arrangements for the safe and secure storage of medicines and disposal of unused medicines. Only trained staff were allowed to give people medicines and their competences to continue doing so were regularly reassessed.

Good

Is the service effective?

Our findings

A relative we spoke with told us they felt the staff were competent. Another relative told us, "I haven't seen anything to indicate staff are not trained or lack skills". Staff we spoke with told us that they felt the training they had helped them perform their roles. A care worker told us, "I feel more confident in my job than anywhere else I have worked because of the training I've had." When we spoke with people who used the service about staff, their comments included, "The carers aren't bad", "The carers are good", and "Some [care workers] are better than others."

Staff told us they felt well supported by the registered manager and provider through training. Staff had regular supervision meetings with their line manager which they said were helpful. One staff member told us, "I feel well supported by the manager and seniors. They've supported me with problems, they've been very supportive." Another told us about development opportunities they had to obtain further qualifications.

Most people using the service were living with dementia. Most staff had received training about this condition. Care workers we spoke with understood there were different types of dementia that affected people in different ways. They described how they supported people with dementia, especially through activities that were meaningful and stimulating. However we saw little evidence of that happening on the day of our inspection..

Most staff had received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who lack mental capacity to make decisions about their care and support, and protects them from unlawful restrictions of their freedom and liberty. The legislation had been used appropriately in respect of a very small number of people who used the service. This showed that the registered manager had a working understanding of the legislation. Care workers we spoke with demonstrated an awareness of the legislation and they knew which people using the service were under DoLS authorisations. No forms of restraint, for example bed rails that prevented people from falling from their bed were used without people's consent.

A person who used the service told us they enjoyed their dinner. They said, "I had a bit of everything. It was nicely presented." Another person described the food as "good and hot." Other people told us there always plenty of food. People's plans of care included details about what foods people liked and disliked and assessments of their nutritional needs. That information was passed to the cook who ensured that people had a choice of meals that met their preferences and nutritional needs. The cook told us, "People here contribute more ideas about the meals they want than any other care home I have worked at." People had a choice of what they had at breakfast and main mealtimes. The cook had made `old style' dishes that people would have experienced when they were younger. Most people who used the service were local, but some were from distant areas of the United Kingdom. The cook had prepared regional dishes to provide for their regional preferences.

People who needed support to eat their meal at lunchtime received it. For example staff helped people cut their food into smaller pieces if that was what the person wanted or needed. Some people had adapted cutlery and crockery to aid their independence whilst they ate their meal.

People who used the service were supported with their nutritional needs. Staff monitored people's daily food and fluid intake. We saw from four people's care records that forms that had been designed for the purpose of recording how much people had to eat and drink but had not always been correctly completed. One person's records showed that their fluid intake was lower than would have been expected. We discussed this with the registered manager who had a clear recollection of action that had been taken by staff, but no record was made of that action.

The cook told us that on some occasions people with diabetes were served with tinned fruit that had the syrup drained away. They had not realised that this was not necessarily safest practice as tinned fruit can absorb the sugar from syrup. We brought this to the attention of the registered manager who told us they would discuss this with the provider's food supplier.

Staff supported people with health needs. Staff were alert to changes in a person's health and behaviour and tried to found out the reasons for those changes. Staff knew how to recognise symptoms of infections that could account for changes in people's moods and behaviour. A doctor visited the service every Monday or on occasions the service had

Good

Is the service effective?

asked the doctor to visit because a person was unwell. When we looked at care records we saw evidence that nurses and other health professionals had visited the service to attend to people's health needs.

When Orchard House was first built it was to a purpose built design. The current décor, signage and lighting had not kept pace with the latest research about providing an environment that promoted stimulation and independence for people with dementia. Access to a garden was through an alarmed fire escape door which meant that access to the garden was not straightforward for people. The registered manager was exploring ways to improve the décor of the home to make it more `user friendly' for people with dementia.

We recommend that the service finds out more about adapting signs and decoration based on current best practice, in relation to the specialist needs of people living with dementia.

Requires Improvement

Is the service caring?

Our findings

Whilst we saw examples of staff not being caring, people we spoke with were complimentary about the staff. People's comments included "the staff are kind" and "the staff are good, they treat me well." People told us that that staff respected choices they made, for example when they declined something staff offered. A person told us, "They [staff] want to be kind." Two relatives we spoke with had different views about staff. One told us that something they'd like to see improve was "staff attitude". They explained, "Staff are not very friendly towards me." Other relatives told us, "The staff are very kind, attentive and helpful" and "staff are approachable and sympathetic to people's needs" and "My [person using service] is always clean and smartly dressed."

The registered manager told us that all care staff had been trained about dignity in care and some were `dignity champions'. However, instances we witnessed of how staff supported people were incompatible with treating people with dignity and respect. We heard and saw several instances of staff not treating people with dignity and respect. We heard a care worker calling out a person's details to another care worker in the presence of other people who used the service. A care worker was heard to tell a person to hurry up in an undignified way whilst that person was using a toilet. A person who needed to have their mouth and clothes wiped after a snack had those needs ignored. Another person who had their hair done by a hairdresser earlier in the day had a cardigan pulled over their head which spoiled what the hairdresser had done.

We made a SOFI observation which coincided with a period when people were supported from the lounge to the dining room for tea. Staff did not ask people if they wanted tea or if they wanted to go to the dining room. Instead, they told people that was where they were going. One person who was asleep in their chair was woken and told it was tea time and then told to go to the dining room. A person in a wheelchair had their feet adjusted to rest on foot rests to prepare them for moving. They asked where they were being taken, but a care worker did not reply, left the person before returning a minute later and wheeled the person to the dining room without saying anything. Staff interaction with people during this period was poor. They instructed people what to do rather than offer choice. Some staff showed patience and kindness towards people, but two staff were impatient in the way they spoke to people. Those staff focused on tasks rather than people's individual personal needs.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives we spoke with told us that when they visited the service they usually spent time with the person they visited in the main lounge. One told us they'd have preferred to have private time with the person they visited in their room. They told us that when they had asked about doing that staff had responded in a way that made them feel uncomfortable and had not asked again. A relative of another person told us, "When I visit I normally talk with [person using service] where they sit [in the main lounge]." We saw that all visitors on the day of our inspection spent time with relatives in communal areas.

We saw signs that requested relatives not to visit people during meal times. Such arrangements are sometimes called `protected mealtimes'. These restrictions were introduced in NHS hospitals to allow patients to eat their meals without disruption and enable staff to focus on providing assistance to people who were unable to eat independently. However, the registered manager told us there were no people using the service who could not eat independently. The restriction on visiting times was therefore inappropriate. The discouragement to relatives to visit at meal times potentially deprived people of sharing important social time with relatives.

People who used the service were involved in the assessments of their needs and again at six monthly reviews of their plans of care. Plans of care contained information that people had contributed about themselves, including information about their likes, dislikes and how they wanted to be cared for and supported. That meant the plans of care took into account people's individual needs.

People who used the service were provided with `service user guides' that included information about the service. The guides did not include information about advocacy services, but we saw information on a notice board in an area that people frequently passed through. We discussed

Requires Improvement

Is the service caring?

this with the registered manager who told us they would make information about advocacy services available in people's service user guides. This meant should people of required additional support or advice information about advocacy services was more readily available to them.

People were able to use small lounges where they could enjoy a degree of privacy or quiet away from the main lounge where most people spent their time. We saw people using a small lounge that was quieter than the main lounge. We also saw people use the dining area outside of meal times as an alternative to being amongst other people. This meant that people had choice about where and how they spent their time.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us they received the care and support they needed. Two people told us they received the care they needed. Relatives of people who used the service told us their family members were well cared for. A relative told us, "I chose this home above others I looked at because I thought this was the right home for my [relative]."

Plans of care and associated records we looked at included details about the care and support individuals needed in terms of their personal care and health needs. People gave their views about how they wanted to be cared for and supported when they began to use the service and at six monthly reviews of their plans of care. The plans included details of how people wanted to be cared for and supported. Care workers used the plans to keep updated about people's needs, and they also received information from people's key workers. Key workers are care workers who updated care plans and who had more detailed knowledge of a person's needs. People's plans of care were regularly reviewed.

A person who used the service told us, "I have plenty to keep me occupied." A relative of another person told us about social activities and entertainments they had seen provided at the service. Another relative who visited the service regularly told us, "People do not appear to get any stimulation."

Our observations on the day of our inspection were that people were provided with limited activities that were of a stimulating and meaningful nature. We saw a small number of people take part in a quiz and a small group of people took part in a light exercise session. A person who used the service told us that staff sometimes talked with her about her life and where she lived. That showed that staff used information in people's plans of care about their life history, hobbies and interests. However, we saw no activities taking place that reflected people's individual interests. We saw people watching television in the main lounge or listening to music, but when we asked people if they had chosen the television programme or music they told us they hadn't.

Staff we spoke with told us about how they had supported people with dementia by providing activities. They told us they had used `memory boxes' that contained objects from past eras which they told us people had enjoyed. However, those `memory boxes' had been loaned and had been returned. The service did not have its own supply of equipment that could be used to support people with dementia. The registered manager had taken a particular interest in dementia and had begun to look at research about supporting people with the condition. They had begun to implement ideas, for example using forms designed by a charity that specialised in dementia to record what the most important things were to a person and three things they wanted to focus on. That process had only recently begun and the benefits of it were not yet evident.

People who used the service had access to the provider's complaints procedure. The complaints procedure was explained in people's service user guides and on an information notice board. People and relatives we spoke with told us they had not had any reason to make a complaint or raise concerns. They told us that if they had concerns they would raise them with a key worker or the registered manager. The registered manager told us that no complaints had been made since our last inspection. The complaint's procedure was in a single format that was suitable for people without any communication difficulties. An easier to read format was required for people with communication needs so that they could understand how to make a complaint.

Requires Improvement

Is the service well-led?

Our findings

People told us they were asked for their views and opinions. They explained that staff, including the registered manager and the person they referred to as the owner [the provider] often spoke with them and sought their opinions. People who used the service had opportunities to be involved in developing the service. This was through a satisfaction survey and at six monthly reviews of their plans of care. The survey invited people to make suggestions about improvements they'd like to see. People's views were acted upon. For example, people's suggestions about outings, social events and meals had been acted upon.

Staff told us that they had opportunities to make suggestions about the service during supervision and appraisal meetings and at times they wanted. A care worker told us, "I absolutely feel I can go to the manager at any time. She is very approachable." Another care worker told us, "I'm confident about raising concerns with the manager [if they had any]."

The provider sought staff views through a staff survey. The registered manager had promoted training and development of staff who worked at the service as a means of improving the service. Staff were supported to study for further qualifications. Staff told us they appreciated the registered manager's efforts in that regard. Staff we spoke with told us they were committed to providing the best care and support they could to people using the service.

The registered manager followed procedures for monitoring and assessing the quality of service. They carried out observations of care worker's practice, checked that staff who gave people medicines did so correctly. They reviewed people's plans of care and records to monitor the accuracy and reliability of record keeping by staff.

Other checks included the quality of cleaning, cleanliness and hygiene of the premises. Those checks had not identified shortfalls in standards of cleanliness and hygiene.

The provider also carried out monitoring of the service through unannounced visits. The provider spoke to people who used the service and relatives when they visited the service. The registered manager and the provider also checked the health and safety aspects of the home's environment. However, the monitoring procedures had not identified gaps in some record keeping that we brought to the registered manager's attention.

At the time of our inspection, plans to improve the service included installing a new gate and fence in the garden to make it safer for people to use and training plans for staff. The registered manager had ideas about improvements they wanted to make to the service. Most of those improvements were concerned with putting into practice guidance from research about supporting people with dementia. Those ideas about how they wanted to improve the service were not however in a documented plan that could be implemented and monitored.

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This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services How the regulation is not being met: People were not always treated with consideration and respect. Regulation 17(2) (a) which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.