

Orsett House Retirement Home Limited

# Orsett House Retirement Home

## 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

### About the service:

Orsett House is a care home that provides personal care for older people, some of whom are living with dementia. At the time of the inspection, 45 people lived at the service. The home was established over two floors, with a range of communal areas included dining spaces, a large garden and smaller lounge spaces.

### People's experience of using this service:

The feedback we received from people and their relatives was consistently good. People told us they were well cared for and safe and typical comments from relatives included, "This place has been life changing for my family" and "This place is absolutely marvellous.... and the staff are amazing." The service had used a quality improvement plan to drive a number of improvements since the last inspection. Managers had also introduced effective audits so that areas for improvement could be addressed on an ongoing basis.

People told us they felt safe and well looked after in the home. There were sufficient staff around to keep people safe and ensure their needs were met. Improvements had been made to the way medicines were managed and the environment was checked and maintained to ensure risks to people were reduced.

People told us how much they enjoyed the food and they had regular access to drinks and snacks throughout the day. People's capacity was now routinely assessed and their consent was obtained before care and support was given. People were supported in the least restrictive way possible.

The staff team were vigilant to people's health needs and now made prompt and consistent referrals to external healthcare professionals when required.

People and their relatives thought highly of the staff team and we saw people being treated with kindness and respect. Relatives were made to feel welcome in the home and arrangements were made to ensure people's privacy was respected. Staff ensured people had access to equipment which they could use to maintain their independence.

People received care that was in line with their needs and individual preferences. Care plans were now more reflective of people's current needs and staff took time to ensure care plans were amended when people's needs changed. Concerns and complaints were addressed quickly. Relatives told us they thought the end of life care provided by the home was personalised and dignified.

The registered manager was visible and approachable and relatives and staff were happy with the way the service was being led. The management team had created an open culture where concerns could be raised and areas for improvement addressed.

The service worked well with other services to ensure people's needs were met and that people received a high-quality service.

More information is in the detailed findings below.

Rating at last inspection:

Requires improvement (report published 14 November 2017).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Enforcement:

No enforcement action was required.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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 safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Orsett House Retirement Home

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection team consisted of one inspector, two assistant inspectors and one Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of service.

#### Service and service type:

Orsett House is a care home. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with six people and six relatives to ask about their experience of the care provided. We spoke with four members of care and domestic staff, the cook, the facilities manager, the handyman and the registered manager. During the inspection we also spoke with two visiting professionals.

We reviewed a range of records. This included four people's care records and medicine records. We also looked at three staff files around staff recruitment. We also reviewed records relating to the management of the home including checks and audits.

# Is the service safe?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 06 September 2017. At the last inspection, we asked the provider to make ensure the risks to people were assessed and actions were taken to reduce these risks. These actions have been completed.

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- Records showed that checks were carried out on the building to ensure people were kept safe. These included checks on fire safety and moving and handling equipment.
- Corridors were free from clutter and accessible for wheelchair users and there were walking aids and lifts available to help people move safely around the building.
- Risk assessments had been improved to reduce the risks to people and staff understood how to reduce these risks. For example, we saw that there was clear information on how to evacuate people in case of emergency.

### Systems and processes to safeguard people from risk of abuse; Learning lessons when things go wrong

- People told us that they felt safe in the home. Care plans contained details of how to support people if they became upset or anxious and we saw staff using this information to support people. For example, we saw staff re-direct people to their favourite lounge.
- The provider had effective safeguarding systems in place. Staff knew how to recognise abuse and protect people from harm.
- Improvements had been made to the recording and analysis of incidents and accidents, such as falls, so that changes could be made to reduce the risk of further harm.

### Using medicines safely

- Medicines systems had improved and were better organised. People were receiving their medicines when they should. The provider was now following safer protocols for the receipt, storage, administration and disposal of medicines. People were now being told what medicines they were being given and staff were checking they had been taken.
- Some people required medication 'as and when required' and we saw people being asked if they wanted these medicines. The provider had developed clear protocols for staff to follow when giving these medicines since the last inspection.

### Staffing and recruitment

- People and relatives told us they thought there were enough staff on duty to meet people's needs and keep people safe. We saw that people did not have to wait for assistance and people told us staff came quickly if they used their call bells.

- We saw that staff kept a constant presence in communal areas to ensure people were safe. However, there were times during the day when staff were busy with carrying out tasks and did not always have time to sit and chat with people.
- Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

#### Preventing and controlling infection

- The home was clean and staff used personal protective equipment to reduce the risk of infection. People and their relatives were happy with the standards of cleanliness.
- Although all areas were clean, there were some unpleasant odours in some areas of the home. We spoke to the registered manager about this who agreed some flooring and furniture would need replacing to resolve this. They told us they would raise this with the provider.



# Is the service effective?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 06 September 2017. At the last inspection, we asked the provider to ensure the service worked within the principles of the Mental Capacity Act 2005. This has now been completed.

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to admission and were reviewed every month.
- The management team made referrals to healthcare professionals appropriately in order to deliver care in line with best practice guidelines.

Staff skills, knowledge and experience

- People were supported by staff who had received appropriate training to enable them to be cared for effectively. The registered manager had a system in place to monitor and ensure that staff training was up to date and refresher training was completed. We saw that staff now had improved manual handling knowledge which they put into practice to ensure people were moved safely.
- Staff received face to face training and competency assessments, which were supported by regular 1:1 supervision with the registered manager. Staff felt well supported, telling us " Ideas are listened to and supported."

Supporting people to eat and drink enough with choice in a balanced diet

- People enjoyed the home cooked meals and were encouraged to make healthy choices. Fruit was offered alongside other snacks and drinks which were readily available.
- Care plans provided information about people's likes, dislikes and dietary needs. This included information regarding any special equipment required to support people to eat and drink independently.
- People who were at risk of losing weight had their dietary intake closely monitored with the use of food and fluid charts. They were also weighed more frequently and seen by specialist healthcare professionals.

Adapting service, design, decoration to meet people's needs

- The doors to people's rooms were decorated with a picture of the person and their name. Bathrooms were clearly identified with words and pictures. This made it easier for people to find their way around the home.
- People could choose to spend time in their rooms or in a number of communal lounges. This enabled people to have some privacy when family and friends visited.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People had access to visits from external healthcare professionals such as psychologists, psychiatric nurses, community nurses, chiropodists and opticians. They were also supported to attend outpatient appointments with speech and language therapists and dieticians.
- Staff now made referrals when people's needs changed; for example, one person was assessed as needing a soft diet and thickened fluids after being unwell. When their condition improved, they were re-assessed and were now eating and drinking a normal diet.
- One visiting healthcare professional told us, "The staff follow our instructions really well and their referrals are very appropriate and detailed."

#### Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. We saw that people were asked for their permission prior to care being carried out and when care was declined, people were approached at a later time.
- Managers had now ensured Mental Capacity Assessments were completed appropriately and DoLS applications had been made when people did not have the capacity to consent to receiving care and treatment. Where DoLS authorisations were not in place, the registered manager updated the DoLS team when further restrictions were put in place to keep people safe. Delays in the authorisation of a DoLS application were followed up by the management team
- Family members and advocates were involved in making best interests decisions and the registered manager had a record of the people who had power of attorney arrangements in place. For example, records showed that one person was being given covert medication. This decision had been taken in agreement with the GP, pharmacist and the person's relative and had been reviewed regularly to check this was still in the person's best interests.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with kindness and were positive about the staff's caring attitude. One person told us, "It's great. I like living here and they're [the staff] marvellous". Relatives were equally as positive. One relative said, "[Person's name] loves the staff and calls them her friends. There has been a vast improvement and she looks the best she's looked in ages".
- Improvements had been made in the way staff spoke to people. We observed staff supporting people with patience. For example, people were supported to walk around at their own pace and meal times were not rushed.
- Staff enjoyed working in the home and were motivated to provide high quality care. One relative said, "The difference here is that you get staff that love working here." One visiting professional told us the staff were, "Respectful, lovely and brilliant."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they felt listened to and involved in how their care and support was provided.
- We saw that people were asked to make choices about everyday life in the home such as what food they wanted and where they wanted to sit. For example, we saw that breakfast was extended until late morning as some people preferred to stay in bed later than others.
- There was a large noticeboard in the dining room which had real life pictures of the menu choices. We saw this being used to help people choose what they wanted to eat.

Respecting and promoting people's privacy, dignity and independence

- People's independence was respected and promoted. Staff supported to people to do things for themselves, such as to make their own drinks, where possible.
- People's dignity and privacy was respected. For example, one relative told us that her father was given a private room when he came to visit his wife at the home. We also saw that meetings about people's needs were held behind closed doors.
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were free to visit anytime and always felt welcome. One relative told us they could use a kitchenette where they could make drinks and toast for their relatives, which they really enjoyed.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care; accessible information; choices, preferences and relationships

- Peoples' needs had been assessed and care and support was provided in line with these assessments and peoples' preferences. For example, care plans had improved and now contained more specific information about what clothes people liked to wear and their oral care routine. For example, one person had dentures but had expressed a wish not to use them so was provided a soft diet.
- Care plans were reviewed and amended when peoples' needs changed. For example, one member of staff told us how the staff team had worked together to reduce the amount of medication people needed to reduce their anxiety.
- Staff were knowledgeable about people and their needs and preferences and made efforts to understand people's needs. For example, we observed a meeting between staff and a visiting psychologist who had been asked to assess one person who would become anxious and upset when receiving personal care. This demonstrated how staff had tried to understand this person and had tried different approaches to help this person become more settled.
- Although there were few activities organised on the day of inspection, people told us they were able to find plenty of things to do and that they had a choice of whether to join in with activities. One relative told us, "I am surprised how much there is to do in terms of activities."
- There was an activities co-ordinator in post and records showed that people had taken part in a range of activities in groups and individually. This included regular religious services which took place in the home and activities which helped people to reminisce.
- We saw that it was one person's birthday on the day of the inspection. They had chosen to invite family and friends to the home for a small party and the staff had arranged a birthday cake and a private lounge for them to enjoy.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with knew how to complain and felt confident that any concerns would be dealt with quickly. One relative told us that staff were very responsive and "They sort it" when they had raised concerns.
- We saw that the provider had not received any formal complaints in the previous 12 months but there was a 'grumbles' book which listed any minor concerns that had been raised. This record showed that staff acted promptly to address any areas of concern and actions were signed to evidence they had been taken.

End of life care and support

- One visitor, whose relative had recently passed away at the home, was working as a volunteer reader. They told us how grateful they were for the end of life care provided for their family member. They told us, "The end of life care was so amazing. It was really personal and they kept us informed all the time".
- Care plans contained information in relation to people's individual wishes regarding end of life care,

including religious preferences and who they wanted to arrange their funeral. Some people expressed a wish not to discuss end of life care and this had been respected.

# Is the service well-led?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 06 September 2017. At the last inspection, we asked the provider to make improvements to audits to ensure they identified concerns. This action has been completed.

Well-Led – this means that service leadership, management and governance assured high quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders, and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- There were systems in place for staff to discuss standards and quality of care and identify areas for improvement. Staff told us that the provider and registered manager had an "Open door policy" and felt able to share any concerns they had. One member of staff told us, "The management team are really supportive. They take time to listen and they change things where they can".
- One visiting professional told us, "The staff are very open to ideas here."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A range of checks and audits were carried out to monitor the performance of the service and staff and these were more effective than at the last inspection. These included checks on falls, medication, daily records and care plans. Managers also did spot checks through the night on a monthly basis to ensure people were receiving good care.
- The registered manager told us the provider took an active interest in the running of the home and was in daily contact to check if any support was needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and other senior staff were visible throughout the day and took time to speak to people, their relatives and the staff team.
- People and their relatives had been asked what improvements they wanted to see in the home and actions had been taken as a result. Responses had now been collated and analysed. There was a noticeboard which showed a "You said...We did" list of actions, such as people wanting to see the hairdresser more regularly, which had been arranged.

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- The registered manager led by example and had created a culture where there was a focus on people's needs and a commitment to provide high-quality care. Staff spoke positively about the registered manager and enjoyed the sense of openness and honesty within the staff team.

- Records showed that relatives were promptly informed of anyone had a fall or accident in the home.

#### Working in partnership with others

- The visiting professionals we spoke with felt there was a positive working relationship between the registered manager and themselves. One told us, "My team are always positive about this home. They always allocate a member of staff to go around with me which makes my job easier".
- The service had good links with the local community and the provider worked in partnership for people's benefit. The registered manager reported that working relationships were good with other partners such as the local GP, dentist and pharmacy.