

Orchard Care (South West) Limited

Restgarth

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Restgarth is a residential care home providing personal and nursing care to up to 32 people. The service provides support to people of all ages with a range of health needs, physical disabilities and people living with dementia. At the time of our inspection there were 26 people using the service.

People's experience of using this service and what we found

Medicines were managed by an electronic system. The system helped support staff to administer medicines safely. One of the prompts for this focused inspection was that CQC had been informed of a recent medicine administration error. We found appropriate action was being taken to help ensure this did not reoccur.

CQC had received concerns about the lack of management and leadership support prior to this inspection. The service had been without a registered manager since August 2022. A newly appointed manager was in post at the time of this inspection. They had been at the service for a few days prior to this inspection and intended to apply to become the registered manager.

The two deputy managers had worked hard to lead the staff team in the absence of a registered manager. Ensuring staff support and training and regular audits continued to take place.

CQC had received concerns about staffing levels. The service was fully staffed at the time of this inspection. Staff were recruited safely in sufficient numbers to ensure people's needs were met. People were supported by staff who had completed an induction, training and were supervised.

We looked at infection prevention and control and found we were somewhat assured that the provider was protecting people, staff and visitors from the risk of infection. Several unnamed hoist slings were found hanging in the communal bathrooms. The sharing of slings poses a potential infection risk. These were removed by the manager at the time. We have made a recommendation about this in the safe section of this report.

Some people living at the service were cared for in bed due to their health care needs. These people had been assessed as requiring pressure relieving mattresses to help ensure they did not develop pressure damage to their skin. The audit of these mattress settings was not always effective. We have made a recommendation about the audit process at Restgarth in the well led section of this report.

Records of people's care were individualised and reflected each person's needs and preferences. Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. People's communication needs were identified.

People told us they were happy with the care they received, and people said they felt safe living there. Comments from people included, "The staff are all lovely," "The food is particularly good here and it is all

very clean everywhere," "It is all well organized, I can't think of anything that could be better."

People looked happy and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service. People were seen to be engaging in activities during the inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew how to keep people safe from harm. People and relatives confirmed they felt the service was safe.

Staff received appropriate training and support to enable them to carry out their role safely, including nutritional support and dementia care.

The environment was safe, well decorated and appointed. There were no malodours. Cleaning processes were thorough.

People had access to equipment where needed. Equipment was regularly checked and serviced.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

Records were accessible and up to date. The staff knew people well and worked together to help ensure people received a good service.

People and their families were provided with information about how to make a complaint. People had been asked for their views and experiences and responses had been positive.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good. (Published 26 August 2022)

Why we inspected

We received concerns in relation to staffing levels and lack of consistent leadership. There had been a medicine error and some safeguarding concerns were being investigated by the local authority. As a result, we undertook a focused inspection to review the key questions of Safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed following this inspection. We did not identify breaches of regulations but have made recommendations in this report and the well led section of this report has been rated requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Restgarth on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Restgarth

Detailed findings

Background to this inspection

Inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Restgarth is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection the new manager was applying to become the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed information we held about the service and the provider which included any statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We reviewed 4 people's care plans and risk assessments. We reviewed staff training and supervision. We also reviewed other records relating to the management of the service. We spoke with 5 people, 7 staff including the new manager, the administrator, the deputy manager and the provider.

We spoke on the phone with 2 relatives and the community nurses who regularly visit Restgarth to provide nursing care.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection we have rated this key question good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- The Commission had received information regarding a medicine administration error at Restgarth. Medicines were managed by an electronic system. This helped support staff to administer medicines safely. However, staff had not followed best practice and had administered 2 people's medicines at the same time. This action had led to people being given the incorrect medicine. We found appropriate action was being taken to help ensure this practice did not reoccur. We judged no people came to harm because of this error.
- Regular medicine audits had taken place. Weekly counts of medicines took place when medicine ordering was carried out. However, some creams were found not dated when opened. This meant staff would not be aware when they became less effective. These were removed from people's rooms and we were assured the checks of creams in people's rooms would be added to the audit.
- Medicines that were to be given 'when required' had protocols linked to their electronic medicine records which prompted staff to report on the time and efficacy of the dose.
- Staff had received training in safe medicine management and regular competency checks were carried out.

Staffing and recruitment

- We had received concerns about low staffing levels prior to this inspection. At the time of this inspection there were sufficient staff employed to meet people's needs.
- There were four staff and the deputy manager on shift at the time of this inspection. They were supported by a mealtime assistant from 8am until 3pm and a twilight staff member from 6pm until 11pm. The mealtime assistant had greatly improved the food and drink intake of people who needed support to eat and drink.
- The new manager was continuing to recruit new staff, to allow more people to be admitted to the available beds at the service.
- Recruitment processes and procedures were thorough, safe and robust. New staff undertook an induction and additional training required to meet the needs of the people living at the service.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, unnamed and shared hoist slings were found hung in bathrooms throughout the service. This posed a potential infection risk with slings being shared communally. The slings were removed by the manager and we were assured they would be named and assigned for specific people's use only going forward.

We recommend the provider ensures that regular infection control audits include the checks on hoist slings to help ensure they remain for the sole use of a specific person.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. Current guidance did not direct staff to wear masks at the time of this inspection. However, due to high levels of COVID-19 and seasonal flu circulating locally a decision had been made for all staff to wear masks at all times. Visitors were asked to wear a mask when inside the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed
- We were assured that the provider's infection prevention and control policy was up to date.

The service was supporting visits from families and friends. Protocols were in place should there be any disruption due to Covid-19 outbreaks.

Assessing risk, safety monitoring and management

- Risks associated with people's care needs were identified, assessed and recorded. Staff were provided with guidance and direction to help them support people in a consistent manner.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- There were processes in place to ensure that accidents and incidents were recorded and reported appropriately. However, there was no overview available from the electronic system at the time of this inspection. The new manager was taking action so that they could improve the overview of all incidents and accidents, identify any patterns or trends and record any action taken to help reduce any re-occurrence.

Systems and processes to safeguard people from the risk of abuse

- The service had effective systems in place to protect people from abuse.
- People told us they felt safe. Relatives were confident their loved ones were safe.
- Staff had received training in safeguarding and whistleblowing. Staff understood to report any concerns they had to the management team.
- The management team were fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA

- Staff worked within the principles of the MCA and sought people's consent before providing personal care and assistance.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place. There were no authorisations in place at the time of this inspection.
- The service recorded when people had power of attorney arrangements in place.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principles.
- The staff monitored any changes in restrictions that may be required to keep people safe.

Learning lessons when things go wrong

- The new manager was aware of the issues that had been raised with CQC prior to this inspection. They had also made their own assessment and planned to further improve the service provided at Restgarth.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service had been without a registered manager since August 2022. Staff had experienced a few changes of managers, prior to the new manager taking up their post a few days prior to this inspection. CQC had received concerns regarding the lack of consistent leadership. The service had been somewhat impacted by the lack of consistent management and oversight. It was too soon to judge the impact of the new manager at this inspection.
- The deputy managers, and the support of a manager from another service in the group, had worked to ensure all notifications were made to safeguarding or the CQC when required. However, not all incidents and accidents had been reported to CQC or the safeguarding unit in a timely manner. For example, one person had spilt a hot drink on themselves and a resulting scald was requiring treatment from the community nurses. This had not been reported as required. This was completed in retrospect following this inspection.
- The two deputy managers had worked hard to lead the staff team in the absence of a registered manager. Ensuring staff support, training and regular audits continued to take place. However, we found the audit process was not always effective in identifying some concerns. For example, the infection control checks had not identified the shared slings as being a potential for cross infection.
- Some people had been assessed as requiring pressure relieving mattresses to protect their skin from pressure damage. We checked the settings for some of the mattresses and found they were not all set correctly for the weight of the person using them. An audit had been carried out regularly where staff had recorded that they had checked all the mattress settings. However, the correct weight for each person was not always accurately recorded on the audit, therefore the checks were not effective. We were assured that this would be addressed immediately. We found no impact on people's skin condition as a result of this issue and the community nurses confirmed they had no concerns regarding the care provided at Restgarth.

We recommend the provider reviews the audit and notification processes in place at Restgarth to ensure they are effective and timely.

- Restgarth staff and management used an electronic system to record all care and support provided, including medicines administration. The new manager planned to use this system to generate reports to provide a more robust overview of the service provided.

- The new manager had already reviewed some of the systems and processes in place at the service and had identified an issue with paper records that were in use and also with some audits. It was not clear why staff were using paper records to monitor people's food and drink intake as well as entering it on to the electronic system. We were assured they were taking steps to improve this process.
- Staff were happy working at the service and told us they felt supported with regular supervision and training. Comments from staff included, "We just had a training session yesterday on dementia and DoLS," "I am happy here, we all get along well" and "Things are improving now, I think. It has been a tricky time recently but hopefully now things will settle down."

Continuous learning and improving care

- The new manager and provider were keen to ensure the best care and support was provided at Restgarth.
- There was a regular audit programme in place. Outcomes from these audits were shared with the registered manager of another service in the group. This manager was the link person for any operational issues and had been supporting Restgarth whilst they were without a registered manager. The provider told us they visited the service regularly and oversaw the programme of upgrading of the fixtures, fittings and décor of the building to ensure the environment was comfortable. The provider relied upon the managers of the service to identify any operational concerns and highlight these as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and healthcare professionals were complimentary about the service. Comments included, "I work in health and have some experience of care settings. I have no concerns. I have been impressed with the service and I would recommend it without hesitation" and "I visit regularly and take (Person's name) out in the car. I am happy with the way they handle things and the standard of care given."
- The culture of the service was open and transparent. Some concerns identified during this inspection were responded to immediately by the new manager.
- Staff were positive about the support provided to them. Comments included, "We have been supported by the deputies" and "I enjoy my job. We have been able to call (the support manager and the provider) if we need anything" and "We have had training and regular supervision with the deputies" and "Staff morale is good here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The new manager understood the duty of candour requirements. Some incidents that had not been reported to CQC/local authority as required, had been identified and acted upon, by reporting retrospectively and setting up new processes to help ensure notification are made in a timely manner in future.

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

- People had been asked for their views on the service. People had been asked to review the service on an on-line website that compares care homes. People's feedback was positive. A survey was planned to be sent out to families.
- People told us, "The staff are all lovely," "The food is particularly good here and it is all very clean everywhere," "It is all well organized, I can't think of anything that could be better."
- People were seen to be engaging in activities during the inspection.
- We spoke with visiting healthcare professionals who told us, "The staff are very responsive and helpful. There are always staff around to assist us to see people. We have no concerns at this time."

Working in partnership with others

- The service had established good working relationships with professionals including health and social care professionals and commissioners of care to ensure good outcomes for people.