

R Sons (Homes) Limited

Orchard House Residential Care Home

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

Orchard House Residential Care Home is a residential care home without nursing, providing personal care for up to 33 older people including those living with dementia. At the time of the inspection 20 people were being supported. Orchard House has accommodation across two floors, in one adapted building.

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

Improvements had been made to the management of people's medicines so that they received their medication safely. Staff had received further training and had their competencies checked to ensure safe practice.

There was a new manager in post who was being supported by an outside consultant to drive improvements at the service. The provider's quality assurance systems and processes had been overhauled and improved to ensure they were more effective. This meant the registered manager and the provider had better oversight of the service. Many of these systems were newly implemented and needed time to become embedded into staff practice so they could be assessed for their effectiveness.

People received safe care and support and they told us they felt safe living at Orchard House. Staff understood safeguarding procedures and were confident in reporting any concerns. Risks to people's safety were assessed and well managed, and people's care plans detailed current risks and individual needs.

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.

There were sufficient numbers of staff who were safely recruited to meet people's needs. Infection control measures were robustly followed, and staff had access to sufficient PPE.

People, relatives and staff were very positive about the new manager and the improvements that had been made at the service so far. Staff felt well supported and said the registered manager was open and approachable. The service worked in partnership with outside agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 15 November 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check that the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions, not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed to Good.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 

Orchard House Residential Care Home

Detailed findings

Background to this inspection

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The 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 2 inspectors.

Service and service type

Orchard House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Orchard House Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager in post who was going through the registration process with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). 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 this information to plan our inspection.

During the inspection

We spoke with 4 people using the service and had discussions with 5 relatives to gain their view of the service. We spoke with 6 staff including the registered manager and 5 care and support staff. We also spoke with the consultant who was supporting the manager to make improvements at the service.

We reviewed a range of records. This included 4 people's care records and medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, training records, key policies and meeting minutes were reviewed.

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.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

At our last inspection we found that people did not receive their medicines safely or as prescribed because the provider had failed to ensure proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- The management of medicines had improved since our last inspection. Staff had received training in relation to the safe administration of medicines. One staff member told us, "I feel so much more confident now." We reviewed 16 medicines administration records (MARs) and found that there were no unaccounted gaps in these records, showing that people received their medicines as prescribed. Staff recorded the application of topical creams on a designated MAR chart and body maps were in place to show where creams needed to be applied.
- Medicines including controlled medicines (medicines requiring additional controls due to their potential for misuse) were safely managed. There were known systems for ordering, administering and monitoring medicines.
- On the last inspection we saw that staff were not rotating topical medicines patches when applying these, for people who had been prescribed them. On this inspection, we saw that staff ensured patches were rotated according to manufacturer recommendations so that they were safe for people.
- We looked at records for people who were given their medicines disguised in food or drink without their knowledge (covert administration). This was carried out in their best interest under the Mental Capacity Act with signed agreement from their next of kin and doctor. There were clear instructions from the pharmacist on how to give these medicines safely
- Previously, when medicines were prescribed as and when required (PRN), guidance was either not available or did not help staff make decisions about when it was appropriate to administer. On this inspection, we saw that PRN protocols had improved and contained person-specific information.
- Care plans had been updated to include key information about people's complex medicines. For example, care plans for people who were prescribed blood thinners contained information about the risks associated with these medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential harm. One person commented, "Oh yes there is no question I am very safe." A relative told us, "Yes I believe my [family member] is safe. The staff do everything

to keep them safe and there are always staff around to keep an eye on them to make sure they are safe."

- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns. One staff member commented, "It's part of my job to look out for any concerns and I would raise issues about any forms of abuse to the registered manager."
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- People had detailed risk assessments in place which guided staff on how to keep people safe. For example, if people were at risk of falls, a detailed risk management plan was put in place to reduce the likelihood of any falls. A relative told us, "[Family member] is safe because since moving to Orchard House they have not had a fall. The staff are aware of [family members] risks."
- Risk assessments were reviewed and updated swiftly if there were any changes or incidents. For example, we saw that 1 person had been assessed at increased risk of choking. Their care plan and risk assessment had been updated and further actions implemented such as referral to the Speech and Language Team (SALT) team.
- Staff told us they felt they could confidently support people safely, and that the risk assessments accurately reflected people's needs, and the way they should be supported.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff understood the importance of seeking consent before providing care or support. Staff had completed training in relation to the MCA.
- The registered manager was aware of the process to follow to make formal decisions in people's best interests, should this ever be necessary.

Staffing and recruitment

- People and relatives felt there were enough staff to meet people's needs safely. One person told us, "There is always someone around to help me. I don't have to wait for long." A relative commented, "Whenever I visit there is always lots of staff around. [Family member] has never complained of there not being enough staff."
- Staff said there were sufficient numbers of staff to make sure people's needs were met and to ensure their care was not rushed. A staff member commented, "I think the staffing here is very good. We have enough staff to make sure everyone gets the care they need."
- Our observations confirmed there were sufficient staff to meet people's needs in a timely manner. We saw the deployment of staff throughout the day was organised and people who required support with their personal care needs received this in a timely and sensitive way. We found staff had time to spend with people on an individual basis.
- The provider followed robust recruitment procedures to ensure people were protected from staff that may

not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

People and staff we spoke with told us that visiting procedures within the home followed current guidance.

Learning lessons when things go wrong

- The provider had implemented systems to monitor incidents and accidents so action could be taken to promote people's safety. This was implemented in February 2023 and needed time to become embedded in staff practice.

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 Requires Improvement. At this inspection the rating has stayed 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.

At our last inspection we found that oversight of the service was not effectively managed by the provider to ensure people received safe and person-centred care at all times. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17. However, systems developed by the provider to ensure effective oversight needed to be fully implemented and embedded into staff practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a new manager in post who was being supported by a consultant to drive improvement. They demonstrated a strong commitment to develop the service and had a good understanding of the areas that needed to be addressed. It was clear the registered manager and the consultant both worked well together and had the same vision for the service.
- The registered manager told us they had introduced a 'resident of the day' scheme. Staff told us this was still new to them, but it helped them to understand what people needed to improve their life and what could make a positive difference to them. For example, the different heads of departments visited the person on their allocated day and discussed what they liked and didn't like about their care. The 'resident of the day' ensured caring and housekeeping staff were involved in creating an environment to promote each person's wellbeing and quality of life. This had only recently been introduced and not everyone using the service had been 'resident of the day' at the time of our inspection.
- Improvement's had been made to the systems for safe medication administration. PRN protocols and care plans had been updated to include more information. The registered manager had introduced a checklist that each staff member was required to complete every time they completed a medicines round to ensure nothing had been overlooked. This was about to be implemented and needed time to become embedded in staff practice.
- Previous audits and quality checks had failed to be effective at identifying areas for improvement. The registered manager had implemented an audit checklist of all areas that needed to be checked and the frequency of the checks. Not all the checks had commenced at the time of our inspection, however the completed quality checks we saw had been effective at identifying areas for improvement. For example, medication errors had been identified and actions taken. We saw that medicines errors had reduced from 8 errors in December 2022 to none in February 2023.

- Systems had been improved to record and analyse accidents and incidents. This had been implemented at the end of January 2023, so we were unable to assess how effective it was at the time of our inspection.

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

- Improvements had been made to the providers governance systems to ensure better managerial and provider oversight and many of these were still being implemented at the time of our inspection. Checks had been introduced to make sure the providers policies and systems were being followed and used to drive improvement.

- The manager promoted an open and learning culture where staff were encouraged to share their views, work together as a team and seek ways to continually improve the care and support to people living in the service. One staff member told us, "It's definitely a better place to work than before. I feel more confident and am able to go to the manager with any concerns or queries. I didn't feel I could do that before."

- The manager told us there had previously been restrictions on relatives visiting the home. Conversations with relatives confirmed this was the case. However, the new manager had informed relatives that there were now no restrictions on visiting and commented, "It's so nice we are starting to see more relatives coming to visit which is so positive for their families."

- People and relatives were complimentary about the new manager and the staff team and told us they experienced positive outcomes because staff understood their needs and preferences. One person told us, "I'm happy here. I have fun and I have friends." A relative commented, "[Family member] has become happier, more confident and more sociable since moving to the home. What else could we ask for. The new manager has been a breath of fresh air."

- Staff were positive about the support they received from the new manager. One said, "[Manager] has taught me so much in the short time they have been here. They are always available to talk to and give us advice. They do support us."

- There were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service supported people with a range of abilities and equality characteristics. People, and their representatives where appropriate, were involved with their care and decision making, with the support of staff and other professionals where required.

- There had previously been a lack of engagement with relatives and staff. The registered manager had drawn up an annual list of meetings to be held with senior staff, management, relatives and people using the service. There were also health and safety meetings included in these. These had just commenced at the time of our inspection.

- People living in the service had access to advocacy services when needed to ensure their views and wishes were heard and made known.

- The provider was transparent, open and collaborative with external agencies. The management and staff team worked in partnership with other professionals and agencies such as the GP, speech and language therapist and the local authority to ensure people received joined up care.