

# Runwood Homes Limited

# Orchard Blythe

## 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?	Outstanding ☆

# Summary of findings

## Overall summary

About the service:

Orchard Blythe is a residential care home, providing personal care and accommodation for up to 50 people. There were 40 people with frailty due to older age and / or dementia living at the home at the time of the inspection. The home was divided into three separate units.

What life is like for people using this service:

People using the service benefited from an extremely well led service. People and their relatives were placed at the heart of the service and involved in choosing their care and support, from pre-admission to living in the home.

People received kind, responsive person-centred care from staff who were well trained, motivated and supported by a dedicated registered manager who led the staff team to provide the best care they could. The registered manager went the extra mile to ensure people's lives were enriched and worked in collaboration with leaders in dementia care, to ensure people received care that met their long-term needs. The staff team worked hard to promote people's dignity and prevent people from becoming socially isolated within the care home.

Respect and dignity were cornerstones of the values upheld by the staff and role modelled by the registered manager.

Innovative approaches assisted people in being able to shape the service, make decisions, and relatives were encouraged to give their feedback about the service.

Staff understood how to keep people safe and embraced team working to reduce potential risks to people. The service was led by a registered manager and management team that were committed to improving people's lives.

Partnership working enabled people to maintain their wellbeing.

Rating at last inspection: The last comprehensive inspection report for Orchard Blythe was published in April 2016 and we gave an overall rating of Good. At this inspection we found the service continued to be Good, and in the area of Well Led had improved to Outstanding.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 exceptionally Well Led.

Details are in our Well Led findings below.

Outstanding ☆

# Orchard Blythe

## 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, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used this type of care service. Our expert by experience had personal experience of caring for older people with dementia.

#### Service and service type:

Orchard Blythe is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission (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:

The inspection took place on 16 May 2019 and was unannounced.

#### What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included information received from the provider about deaths, accidents and incidents and safeguarding alerts which they are required to send to us by law. We used information the provider sent to us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. We requested feedback from the Local Authority quality monitoring officers. We used all this information to plan our inspection.

During our inspection visit we spoke with seven people using the service, and two people's relatives. Some people living at the home, due to living with dementia, were unable to give us their feedback about the service. We spent time with people to see how staff supported them. We also spoke with three care staff, a domestic assistant, the registered manager and the provider's regional operations director.

We reviewed a range of records, including three people's care records and medication records. We also looked at records relating to the management of the service, including audits and systems for managing any complaints. We reviewed the area manager's records of their visits to the service; when checks were made on the quality of care provided.

We also reviewed additional information that the registered manager sent us at our request, which were examples of events and initiatives that had taken place at the service.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal regulations were met.

Assessing risk, safety monitoring and management:

- Risks to people were assessed and mitigation plans were in place to reduce risks posed to people. For people who were at risk of developing sore skin, equipment such as special cushions and mattresses were in place, and information was accessible to staff on how they should use the specialist equipment.
- Staff understood the importance of repositioning people at risk of developing sore skin and recording any sore or red skin on 'body maps'. The service was part of the 'React to Red' scheme which had provided training to staff to promote healthy skin. The registered manager monitored people's skin integrity to ensure people received skin care that met their needs.
- Some people living with dementia had been identified as being at risk of anxiety. Staff took this into account when supporting people, making sure they monitored their anxiety levels. Pet therapy dogs also visited the home and spent time with people who enjoyed dogs which promoted calmness.
- Spacious corridor areas had been used to create 'mini' lounge areas, reading areas and quiet spaces, which gave people choices about where they spent their time. These areas were designed to reduce levels of anxiety experienced by people, who could freely move about the home if they wished to.
- All identified environmental risks had an associated risk assessment in place which guided staff how to mitigate risks within the service. Equipment was maintained and there was a fire alarm system that was fit for purpose.
- People had Personal Emergency Evacuation Plans (PEEPS) which detailed information about the level of support or special evacuation equipment they may require in the event of an emergency.

Learning lessons when things go wrong

- Staff knew how to report and record accidents and incidents. The registered manager was responsible for analysis of accidents and incidents to identify patterns and trends and prevent a reoccurrence. Learning from incidents were shared with the staff team, to drive forward best practice.
- Staff who administered medicines reported any errors they made, and these were investigated, so that further training and learning reduced the risks of future errors.

Staffing and recruitment

- People, relatives and staff told us they felt there were sufficient staff to safely meet people's needs. One person told us, "The staff are very good. There are always staff around." Throughout our inspection visit we saw people's needs were met in a timely way. Staff were not rushed and had time to spend with people. One person said, "There are enough staff. I use my call bell when necessary, they come quickly usually."
- The registered provider undertook background checks of potential staff to assure themselves of the suitability of staff to work at the home. New staff worked with experienced staff to understand people's individual needs.
- A dependency tool was used by the registered manager to calculate the number of staff required based on

people's individual needs. The registered manager told us, "It's important our staffing levels are right so people receive good quality care."

Systems and processes to safeguard people from the risk of abuse

- Staff had received training and understood their roles and responsibilities in keeping people safe. Staff told us they would report any concerns if they suspected abuse and had confidence the registered manager would investigate.
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. Notifications about specific events had been sent as required.

Preventing and controlling infection:

- The service was very well presented, clean and tidy throughout and there were no odours. The home had recently had an outbreak of an infectious disease. The management team and staff had put in place additional deep cleansing procedures, and additional cleaning schedules to ensure the outbreak affected as few people as possible. A visiting professional who had reviewed the infection control procedures told us, "The staff are following all the right procedures to reduce the risk of infection."
- Staff had received training in infection control and worked in line with NHS England's Standard Infection control precautions and national hand hygiene protocols.
- Staff supported people to cleanse their hands before mealtimes and whenever needed during the day, as promoted by the policy. Staff understood the importance of using gloves and aprons to reduce risks of cross contamination.

Using medicines safely

- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff were trained in medicine administration and their competencies assessed to ensure they worked in line with the provider's policies and procedures.
- District nurses and/or nurse practitioners visited to support people with medicines given by injections, which care staff were not legally able to administer.
- Medicine Administration Records (MAR) were completed as required and people had their prescribed medicines available to them when they needed them. One person said, "I take medicine for my condition four times a day. The staff watch me take it."

# Is the service effective?

## Our findings

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

Good: The effectiveness of people's care, treatment and supported good outcomes for people. Legal regulations were met.

Staff support: induction, training, skills and experience

- People and relatives felt staff had the skills they needed to effectively support them. One person commented, "All the staff know how to look after us."
- Staff told us they received an induction when they started work which included working alongside an experienced member of staff. The induction was based on the 'Skills for Care' standards providing staff with a recognised 'Care Certificate'. Skills for Care are an organisation that sets standards for care workers.
- The provider's induction procedures and ongoing training provided staff with the skills and competencies to carry out their role effectively.
- Staff were supported through one to one and team meetings. All staff told us they felt supported by the registered manager.
- Staff received relevant, ongoing refresher training for their roles and staff were supported to complete national vocational qualifications in health and social care. The provider maintained a record of staff training, so they could identify when staff needed to refresh their skills.

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 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 some 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 applications 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. We found the management team and staff were working within the Act.
- Where people had restrictions placed on their care, appropriate DoLS applications were made to the local authority.
- Care staff understood the importance of gaining people's consent and explaining what was happening. For example, before supporting them with personal care.
- People's capacity to make decisions had been assessed and 'best interests' decisions had been made with the involvement of relatives, staff and health care professionals.

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

- Prior to people moving into the service, the registered manager undertook a comprehensive needs



assessment. This was done in consultation with people, advocates and family members. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.

- The registered manager told us, "Initial assessments are important because we need to make sure we can meet people's needs." There were a number of empty beds at the home on the day of our inspection visit which reflected the commitment to only admit people to the home where they could provide effective and good quality care to people.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met. The provider had policies in place to ensure they protected people's, and staff's rights, regarding equality and diversity.

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

- People were given choices about what they ate and drank. People were offered a range of visual choices at mealtimes, to ensure food met their support needs and preferences. Catering staff plated all the main meal choices and showed people what was on offer, so that people living with dementia found it easier to choose what they liked. People told us, "We can have as much as we want."
- People's dietary preferences were met and respected by staff. For example, where people were on a soft diet, pureed diet, or were vegetarian, different food options were available.
- Staff and the registered manager monitored people's weight, and action was taken when people needed extra calories because of unplanned weight loss. The registered manager recognised the need to encourage people to eat and drink enough to maintain their health, so people were offered drinks and snacks at day or night. One person said, "They give us drinks when we want them. I even have my own fridge."
- People were referred to healthcare professionals when dietary guidance was needed.
- The provider arranged specialist menus and events in the home to recognise cultural and religious festivals. For example, Christmas celebrations, celebrations of Easter, Shrove Tuesday and Diwali.
- Where people were assisted to eat their meal, staff took their time and provided people with support to eat at their own pace.

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

- The service was purpose built with a design and décor that met the needs of people living with dementia and/or frailty due to old age. Suitable signage, such as for toilets, helped people find their way about. People had individually decorated bedroom doors with photos or objects important to them to help them identify their bedroom.
- The home was designed around a central courtyard garden, which provided people with a secure and safe place to spend time. Items and spaces of interest were scattered around the home, to offer people with dementia interest and stimulation from their environment. For example, a sewing area and a vintage shop helped people to remember their youth and reminisce with staff.
- The provider ensured people could use technology to support them in communicating with staff, friends and relatives, providing internet access throughout the home. One person said, "I like to spend time in my room on my computer."

Staff working with together and with other agencies to provide consistent, effective, timely support

Supporting people to live healthier lives, access healthcare services and support

- Staff communicated effectively with each other. There were systems in place, such as daily care records, handover meetings and a communication book to share information amongst staff. This meant that staff knew when changes occurred that might affect people's support needs.
- Staff considered people's feelings, and regularly checked if people were okay. For example, we saw staff check if people were anxious, felt well, or needed help with their daily tasks or plans.
- People had access to health professionals. People saw their doctor, dentist and other health professionals when needed to maintain their health. Where advice was provided from health professionals, care records

were updated, and the advice was discussed with people to ensure they understood how this might impact on their health.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were well-supported, cared for or treated with dignity and respect. Legal regulations were met.

Ensuring people are well treated and supported; equality and diversity

- People and relatives described the care provided as being 'very good'. Comments included; "Care is consistent and staff show a great deal of respect when providing care", "[Name] has been a resident for seven years and loves it here. It feels like carers are an extended family."
- Staff communicated with people in a warm and friendly manner. One person said, "Most of the staff have been here a long time so they know me well." Another person said, "Staff are very caring and communicate well." People's responses indicated that people were well treated and enjoyed the company of staff and each other.
- The provider and staff respected people's equality and diversity, and protected people against discrimination. Staff were recruited based on their values and abilities. People and staff were treated equally according to the guidance on protected characteristics.
- Staff knew about people's cultural and diverse needs and how this may affect how they required their care. For example, respecting people's spiritual needs or choices and the gender of the staff member providing their personal care. Staff had received training in equality and diversity and explained how they used this knowledge to reduce any possible barriers to care.
- When people needed support in their lives that was beyond the remit of the provider, the provider advocated for people and sought appropriate support. For example, people were supported to meet with clinical and welfare professionals, advocates and representatives that could help people to express their wishes. This meant that people's human rights were upheld.

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

- People were involved in decisions about their care. Comments included; "They [staff] don't rush you to get up for a while then they expect you to get up. I go to bed when I'm ready", "You never have to do anything you don't want to do."
- Most people could communicate their wishes verbally. We saw easy read documents, documents in picture format, and information was also available in different formats where required. This meant people could be involved, as much as possible, in making decisions about their care and treatment.
- People had regular reviews to discuss their health and support needs, and to make decisions about how their care should continue to be delivered.

Respecting and promoting people's privacy, dignity and independence

- The service complied with data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

- Care Staff respected people's individual privacy in the home. One person told us, "They [staff] are as good as gold. I have a bath and cover my bits up. I can have one when I want."
- Care records provided information about people's cultural and personal preferences, such as their religious beliefs and their sexual orientation. These personal preferences offered people an opportunity to engage in cultural or religious activities and maintain their sense of individuality and identity.
- People were supported to maintain relationships with those that mattered to them. Friends and families could visit people when they wished. Private areas were available for people to spend time together when needed or requested.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: Services were tailored to meet the needs of individuals. Legal regulations were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had detailed care plans and records to show their health and support needs. Care plans covered topics such as people's physical and health needs, their life history, activity engagement and hobbies, daily routines, preferences and risk assessments.
- Care records were written with the person, their family members and professionals. Records were comprehensively reviewed and updated regularly. This meant care records were relevant and based around each person's individual needs and staff knew how to support them in the best way possible.
- Staff demonstrated they knew people well and what support each person required to keep them safe.
- Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure people receiving care have information made available to them that they can access and understand. People had communication care plans to instruct staff on how best to communicate with them. Where people had specific disabilities that affected their communication, the provider used a range of techniques to communicate with people such as large print, white boards and pictures.
- People were encouraged to take part in organised group activities and events around Orchard Blythe. Some activities and events were pre-organised. These included social events, games, seasonal and religious events, and trips out and about. Other activities occurred spontaneously, based around people's wishes on the day. A relative told us, "There's lots going on". Another said, "The staff are great, very caring and carry out lots of activities with the residents for example, knitting and crafts."
- Activities took place throughout the day and all staff consistently looked for opportunities to engage with people. Some people spent time in the café, other people were supported by staff on a one to one basis.
- The provider employed a dedicated member of staff to support people with their hobbies and interests.
- People were supported to take an active interest in the life of the home. The provider had chickens and small animals around the home as pets to offer comfort.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise concerns or complaints with staff and the management team if they needed to. A typical comment from people was, "I have no complaints."
- The provider had a complaints policy and procedure that staff were aware of and these had been provided to people in an easy read format and large print. The easy read and different format information told people how to keep themselves safe and how to report any issues of concern or raise a complaint.
- The service had a complaints log where all complaints were recorded. The registered manager responded to complaints according to the provider's policy in a timely way. Where learning was acquired through people's feedback, the registered manager shared this with the provider and staff, to ensure improvements were made.

#### End of life care and support

- People and their relatives were supported to make decisions and plans about their preferences for end of life care. Advance planning took account of people's wishes to remain at the service at the end of their life, in familiar surroundings and supported by staff who knew them well.
- The home did not offer nursing care, however, the registered manager worked in collaboration with healthcare professionals, to ensure people were supported to have a pain free and comfortable end, surrounded by friends and family.

# 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

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care:

- People and relatives gave us excellent feedback about the management team and leadership of the home. Comments included "The manager is very good", "If I see something that's not right I know I can raise it with them." Another person said, "I can't think of anything to improve here."
- The registered manager and provider had a strong vision for the home. The registered manager said, "It is about creating and capturing those special moments with people. People are at the heart of what we do."
- There was an attitude of respect and inclusion within the culture of the home. When new people came into the home, they were encouraged to feel welcome. A Resident advocate (a person who lived at the home) was appointed to speak on behalf of residents and welcome new people to "help them feel that Orchard Blythe was their home, and they were respected and included in the running of the home." One staff member said, "I love Orchard Blythe, it's like a family home." Another member of staff said, "I would definitely have my own family stay here."
- The staff team embraced the registered manager's passion and provider's vision to ensure people's lives were enriched and meaningful every day. The provider arranged specialist training for staff including 'A day in the life' training, where staff spent time as a person living at the home, with sensory impairments. Staff told us their training offered them a real understanding of what it was like to live at Orchard Blythe, and how everyday life could be confusing and challenging for some people. This impacted on how they communicated and cared for people.
- The registered manager told us, "We are on a journey of continuous improvement. Our focus is always on improving what we do and how we can learn from mistakes, best practice and listening to others." The registered manager demonstrated this by involving people, relatives and staff in developing numerous projects and themes to enhance people's experiences of living in the home. For example, a monthly Dignity Badge award given primarily to the person who demonstrated they had worked towards achieving the 'theme for the month'. Themes were set to encourage staff and people to improve the quality of care people received. One theme of the month was 'playing an active part in the community'. For the award to be given the person needed to have worked specifically around the theme. For example, organising a stall at a local event to raise money for the home. People voted along with the managers to pick the award winner. The registered manager told us of a time where the award was given to a person who lived at the home, who demonstrated how they supported other people to feel at home and respected.
- People and relatives told us they could raise feedback at any time with staff or the registered manager. They were involved in the development of the service using the Resident's Advocate, who did a daily walk around to gather people's views and fed back their findings directly to the registered manager.

- The provider conducted regular quality assurance questionnaires and surveys in different communication formats. People and their relatives were also invited to regular meetings at the home to gather their views and opinions. From ideas and suggestions the register manager acted to improve people's lives. For example, people had asked for snacks and drinks to be available so they could help themselves. In each communal area 'Hydration Trolleys' had been created enabling people access to drinks and snacks at any time, this promoted people's independence and helped people maintain their nutrition and hydration. Where people needed assistance to access these, staff were available to support them.
- In response to a request at a meeting the registered manager had organised a "clothes show" at Orchard Blythe. A local shop brought clothes into the home regularly, bringing the shopping experience to people. This enabled people to have choice and independence.
- The registered manager had implemented 'lead champion roles' for staff; based on staff's skills and interests. For example, the kitchen staff had been on enhanced training to develop their knowledge and skills. As a result, apart from achieving a 'five star' environmental rating, the kitchen staff had also been awarded the Heartbeat Award for excellent nutritional food/fluids and menu choices, ensuring people have enough food to meet dietary guidelines such as five vegetables a day, and to enhance weight with additional food fortification where needed.
- The registered manager actively sought to communicate and provide information for people, relatives and staff members. The home's large reception area was utilised as a café, meeting place, shop, display area, and to share monthly information about trips out, the home's newsletter and how to give feedback on staff observed to be going 'the extra mile' in implementing dignity. People and relatives found this was a useful place, where they could meet, read information and see what was happening in the home.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others:

- The service was led by a dedicated, experienced and strongly motivated registered manager, who with the provider's support strived to deliver the best person-centred care possible. The provider enabled the registered manager to work innovatively, giving them sufficient staffing resources, learning and development so their emphasis could be on continuous improvement. People, relatives and staff told us the registered manager was always available, had an 'open door' policy, and was approachable.
- The registered manager ensured staffing practices met their expectations by working alongside them, where they demonstrated best practices. For example, during lunchtime or busy period, they assisted people and staff to help them develop relaxed, positive relationships with people, and discreetly observe staff's support of people, so performance was continuously reviewed.
- The registered manager actively sought opportunities to work with other bodies to increase people's enjoyment in life. For example, the registered manager had gathered information from dementia care specialists, such as the Alzheimer's society, to develop activities for people to engage in. A recent purchase of equipment at the home was an activities table, which was electronically enhanced, to increase sensory stimulation and engage people's senses
- Areas around the home had been developed following advice from external professionals on how the environment could be more 'dementia friendly'. Old-fashioned shops, and dressmaking areas encouraged people to reminisce.
- The registered manager increased the home's links to local community groups using suggestions from people and working with the activities co-ordinator who planned activities around people's needs and abilities. An arrangement with a local supermarket led to day trips, regular coffee mornings, volunteer staff, and treats to be supplied free of charge. Local school children visited the home regularly to spend time with people, reading, singing, and playing games. A staff member told us, "The children chat to residents about times gone by which promotes a sense of purpose as they can pass on information and knowledge to the youngsters." Following a fundraising initiative, local councillors raised money for the home to buy extra



supplies and equipment for activities.

- The provider had very robust systems and processes to monitor the quality of the services provided which the registered manager implemented in detail. The registered manager undertook audits and looked for continuous ways where improvements could be made. For example, the registered manager had expanded the way they undertook their analysis of falls, to implement NHS guidance on 'react to fall'. Actions taken had reduced people's individual risk factors and promoted safety. The registered manager said, "This has impacted in reducing the risk of falls; it has reduced overall numbers of falls at Orchard Blythe by half."
- The management team attended local provider forums and registered manager groups to share experience. Initiatives were shared with the staff team to ensure integrated learning.
- The provider facilitated 'registered manager' meetings which ensured opportunities were offered to managers to share their practices and learn from one another. The registered manager told us, "Sharing can give me fresh ideas for this home that I may not have thought of."
- The registered manager understood their regulatory responsibilities.