

# Shaw Healthcare Limited

# Orchard House

## Inspection report

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Date of inspection visit:  
20 September 2019  
23 September 2019

Date of publication:  
22 October 2019

## 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

Orchard House provides accommodation and personal care for up to 28 older people who may have dementia related illness. 10 places were for people who needed shorter stay accommodation and care. There were 27 people living at the home at the time of our inspection.

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

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Sufficient, knowledgeable staff were available to meet people's needs. People received their medicines regularly and systems were in place for the safe management and supply of medicines. Incidents and accidents were investigated, and actions were taken to prevent recurrence. The premises were free from odour, and staff followed infection control and prevention procedures.

People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. Care was delivered by staff who were well trained and knowledgeable about people's needs and wishes. People enjoyed their meal time experience. 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.

People were cared for by staff who were caring. The atmosphere within the home was friendly and welcoming and staff were considerate towards people they cared for. People and their relatives felt involved and supported in decision making. People's privacy was respected, and their dignity maintained.

People were supported by staff who had the guidance and knowledge about how to meet people's needs and support them as an individual. People had some interesting things to do and the registered manager was improving how people spend their time. Complaints were investigated, and outcomes agreed, and improvements made when needed.

People's concerns were listened to and action was taken to improve the service as a result. The registered manager and her management team were open, approachable. Systems were in place to improve the quality of care provided. The new registered manager had improved the culture at the home and was taking positive actions to benefit people living at the home.

The registered manager and her management team were open, approachable and focussed on providing person centred care. Systems were in place to monitor the quality of care provided. The management team and staff were passionate about person centred care and people felt valued and well supported. The registered manager worked on promoting community links to improve people's well-being.

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

### Rating at last inspection

The last rating for this service was Good (published October 2016)

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 ●

# Orchard House

## Detailed findings

### Background to this inspection

#### 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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Orchard House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 11 people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, team leaders, senior care workers, care workers and the cook. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said they were safe. One person said they felt safer at Orchard House than when they were at their home.
- Staff had a good understanding about protecting people from abuse. They had up to date training and understood who to report concerns to. Staff were confident to take appropriate action.
- We saw examples where incidents had been reported and these were actioned appropriately.

Assessing risk, safety monitoring and management

- People said staff supported them to remain safe. One person said, "All the [staff] know how to help me, I feel very safe."
- Risk assessments were up to date and reviewed when required. Staff had a good understanding of peoples risks and knew how to mitigate them. For example, one person was at risk of falling, staff ensured they consistently reminded the person to use their frame to ensure the person was safe. Staff had a good knowledge of this and the information was clearly recorded.

Staffing and recruitment

- People and their relatives said there were sufficient staff on duty keep people safe. One person told us, "There is always someone about."
- Staff told us there were enough staff and the registered manager would arrange cover if needed from agency staff familiar with people living at the home when possible. We spoke with an agency member of staff who had worked at the home before.
- The registered manager explained that staffing levels were kept under regular review to ensure there were enough staff to meet people's needs. They told us they used regular agency staff to ensure they had sufficient staff. There was an on-going recruitment campaign to fill vacancies.
- Staff we spoke with told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service. We saw this practice was reflected in staff files.

Using medicines safely

- Staff administered medicines in a safe way, following appropriate guidance, and using an effective system to ensure people had their medicines as prescribed. Staff were trained and there were regular checks to ensure they followed safe practice. There was safe storage and disposal of medicines at the home.
- Where people were prescribed as and when medicines there were protocols in place to ensure staff

followed consistent guidance.

#### Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. We observed staff using personal, protective clothing and equipment safely.
- There were cleaning schedules in place to ensure staff followed best practice.

#### Learning lessons when things go wrong

- When there were accidents and incidents these were reviewed by the management team to look at trends and any learning from the incident. For example, falls were recorded and reviewed by the management team to ensure lessons were learnt and people did not continue to be at risk. We saw there were appropriate referrals were made to support this.
- Staff knew how to report accidents and incidents and told us they received feedback about any changes made as a result.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant 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 were assessed prior to coming to the home and this formed the basis for the delivery of their care.
- People's outcomes were good. For example, one person told us they were much happier since they had moved to the home.
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. Care interventions, such as fluid records to prevent dehydration, were completed consistently.
- We saw information on best practice guidance was available for staff.

Staff support: induction, training, skills and experience

- Staff told us they had completed training when they first started their role. They were supported by experienced staff who shared best practice knowledge. They said they had the information they needed to support people well. They also told us the management team completed competency checks so they were confident they were completing their role effectively.
- Staff said they were supported with all the training they needed to ensure they could meet people's needs. One member of staff explained they had dementia training which had really improved their practice when supporting people at the home.
- Ongoing training updates were arranged for staff, and staff said they were encouraged to further develop their knowledge and skills through vocational training.

Supporting people to eat and drink enough to maintain a balanced diet

- People said the food was lovely and they enjoyed the social experience at meal times. People were offered choices with their meals and if people wanted something different they could just ask. When people needed support with their meal this was provided in a dignified and respectful way.
- People were offered drinks and snacks through the day and enjoyed their meal time experience.
- The cook was aware of people's needs and ensured there was suitable food provided.

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

- The premises and environment were designed and adapted to meet people's needs. Corridors were wide enough for easy wheelchair access.
- There adaptations to support people's needs such as clear signage to identify key areas for people living with dementia. One member of staff explained one of the reasons for writing the food choices on the menu

board was to provide a talking point for relatives visiting their family member.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- People could access healthcare services when they needed.
- We saw appropriate referrals were made to support people with their health needs.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff consistently obtained consent for people's care and support. All the staff we spoke with had a good understanding of the principles, of the MCA and people were supported wherever possible to make their own decisions.
- Where people needed support with decisions this was recorded in their care records with clear decision specific assessments and decisions made in people's best interests. The registered manager was reviewing the process to comply with the MCA for people staying at the home for short stays. She had sort advice from the Local Authority and was updating records.
- DoLS applications had been made when required. Any conditions associated with their DoLS authorisation had been met.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant 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 staff were kind and caring. One person said, "If I'm down the staff will always cheer me up, they know straight away."
- One relative said, "Amazing staff, everyone is so happy here, they [staff] are such good company and know people well." Other relatives said staff were really thoughtful and compassionate towards people living at the home.
- We saw examples of staff being kind and caring throughout the inspection. Staff were quick to identify when people needed extra support and provide what they needed.
- We saw staff demonstrated sensitivity and consideration about issues around equality, diversity and human rights. Staff were patient when people were struggling with their understanding and offered reassurance that was individual to the person. We saw people really enjoyed the company of staff and staff took the time to talk to people throughout the day.

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

- Staff asked people what they wanted to do and offered choices to meet people's needs. One member of staff spent time reassuring one person and we saw this person became more relaxed because of the support provided.
- One person told us, "I am very happy here, there is lots of choice." One relative said, "[Family member] can do what they want, there always something going on."
- There were regular meetings with people and their families where there was opportunity to feedback about the quality of the service and suggest improvements.
- The cook took time every day to walk round the home and ask people how they had enjoyed their meal.
- Relatives told us they felt involved in the care of their family member and were kept included and updated by staff and the management team. One relative said, "All the staff really listen to people, if they want something it's there."
- There were regular questionnaires provided to people and their families. We saw the feedback was positive about the care provided. For example, one relative wrote, "Staff are incredibly supportive," and "I wouldn't want [family member] cared for anywhere else."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity and encouraged to be independent where possible.

- We saw staff were careful to close doors when supporting people in their own rooms and knocked on people's doors before entering and ensured people's dignity was maintained when supporting people to mobilise.
- Staff were respectful of people's needs, for example making sure they were at the same level as people when they spoke with them.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People said they received the support they needed, when they needed it by staff who knew them well.
- Staff on the short stay unit also knew people well. Staff had family photos for one person who sometimes was confused, we saw this helped reassure this person and improve their well-being.
- Information was gathered from people living at the home and their families to build a detailed picture about each person care needs, preferences and history. We saw staff were able to provide personalised care tailored to the needs and wishes of the individual.
- People's care records provided information about their life history, cultural and spiritual needs and activities they enjoyed. There were systems in place to support staff to remain up to date. We saw there were thorough handovers completed by the team leader when staff changed shifts. We spoke with an agency member of staff and they explained they had been at the home before and were provided with all the information they needed.
- Relative's told us people had personalised support and they were kept up to date with what was happening with their family member. One relative said, "They [staff] are really good at keeping you in the loop."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team were aware of the accessible information standards and told us of ways in which they were meeting the standards. For example, they provided information in different formats when needed.
- Staff knew how to communicate with people to understand their wishes and when people were less able to communicate verbally. There was clear information about people's communication needs recorded in people's plans. For example, one person had a white board for people to write messages on when needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were well looked after. One person said, "There's always something going on, a bit of banter or fun. I'm never bored."

- Relatives said their family members were well cared and helped to pass the time by staff. One relative told us, "They [staff] keep everyone active and interested, they can't do enough for people." All relatives said they were welcome at the home and could visit whenever they wanted.
- There was an activity program advertised around the home, with events planned regularly which people told us they enjoyed participating in. Some people living at the home were going on holiday with staff which had created great excitement. People also went out on day excursions and events were planned in the local hall for special occasions where everyone could attend if they wanted to. We saw people were supported with their hobbies and had opportunities available to them.

#### Improving care quality in response to complaints or concerns

- People and relatives said they could complain if they needed to. We saw where complaints were made, these were investigated, and the complaints policy followed by the registered manager. The registered manager reviewed complaints with the provider to ensure continuous improvement was established.

#### End of life care and support

- Staff understood how to support people at the end of their life, when this was needed. They were knowledgeable about how to respect people's needs and wishes. We saw people's views and preferences about their end of life care were recorded for staff guidance when needed.
- There were systems in place to provide support for people and their families at the end of their life.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

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

- People and relatives said staff knew them well and treated them as individuals. We heard about and saw examples of person-centred care from staff and the registered manager.
- Relatives explained they had confidence in the registered manager and staff. They said the registered manager was approachable and would listen and follow up anything they raised with her.
- All the staff we spoke with said the registered manager had created an open and positive culture at the home. Staff said the registered manager listened to their feedback and ideas, and put the people living at the home at the heart of everything they did.

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 provider had systems in place to ensure they completed their legal responsibility. The registered manager understood they needed to be open and honest and contact families when mistakes happened. We saw the registered manager had completed this when needed.

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

- The management team completed regular checks to ensure people received quality care. For example, ensuring staff were competent in their roles.
- The management team and staff were clear about their responsibilities and the leadership structure. The operations manager regularly visited the home and was accessible to staff. Staff were confident that the management team would listen and support them when they needed it.
- The registered manager was clear about their responsibilities for reporting to the CQC and regulatory requirements. Risks were identified and escalated where necessary.
- Staff were confident they could speak with the provider if they wanted to escalate concerns and action would be taken.
- The registered manager plans in place to forward improvements to the service which was reviewed regularly with the provider.

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

#### characteristics

- People and their relatives were encouraged to contribute their views on an ongoing basis through conversations with the management team and questionnaires. We saw when feedback had been gathered it had been analysed and shared with people, relatives and staff. This then was added to the improvement plan to ensure continuous improvement was completed.

#### Continuous learning and improving care

- The provider spent time at the home and drove through improvements. For example, working through audits which feed into action plans to facilitate improvements.
- We found accidents and incidents were regularly reviewed and learning used to inform future plans.
- The provider held regular meetings with managers across their services to share best practice and update on service developments and health and safety alerts.

#### Working in partnership with others

- The registered manager had established strong links with the community and health professionals to support people living at the home.