

RCH Care Homes Limited

Orchard House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Orchard House is a care home providing personal and nursing care to 47 people aged 65 and over at the time of the inspection. The service can support up to 67 people.

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

There were not always enough staff working in one area of the home and this put people at risk of not receiving care when they needed it.

People were happy with the care home and the staff that provided their care.

People felt safe living at the home and staff knew how to report possible harm. Staff assessed and reduced risks as much as possible, and there was equipment in place to help people remain as independent as possible. The provider obtained key recruitment checks before new staff started work.

People received their medicines and staff knew how these should be given. Medicine records were completed accurately and with enough detail. Staff used protective equipment, such as gloves and aprons.

Systems to monitor how well the home was running were carried out. Concerns were followed up to make sure action was taken to rectify any issues. Changes were made where issues had occurred elsewhere, so that the risk of a similar incident occurring again was reduced. People were asked their view of the home and action was taken to change any areas they were not happy with.

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 (report published 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection there had been improvement in previous areas of concern but there was a breach of regulation in another area.

Why we inspected

We carried out an unannounced comprehensive inspection of this service between 10 and 12 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they 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 Safe and Well-led which contain those requirements.

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 coronavirus and other infection outbreaks effectively.

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 remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Orchard House on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to staffing levels at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Orchard House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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

This inspection was carried out by two inspectors.

Service and service type

Orchard House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. However, due to the Covid-19 pandemic, we contacted the service half an hour prior to arrival to make sure it was safe for us to visit.

What we did before the inspection

We looked at the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority and other professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with seven staff members including the registered manager, a registered nurse, senior care workers, care workers and housekeeping staff. 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.

After the inspection

Due to the Covid-19 pandemic the registered manager sent us records electronically. We looked at a range of records, including two people's care records and three people's medicine administration records. We looked at information about three staff files in relation to recruitment and a variety of management records, including audits. We also spoke with six staff members by telephone following the inspection.

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 remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider failed to assess the risks to the health, safety and welfare of people. 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.

- Staff assessed risks to people's health and welfare such as moving and handling, falling, the risk of developing pressure ulcers and for behaviour that challenges. They followed actions to reduce risks and reviewed assessments regularly to make sure any changes were identified. Staff had clear information and guidance about people who presented behaviour that challenged others. We spoke with staff about this and their explanations matched the guidance in people's records. One staff member told us they had completed a specialist training programme for behaviours that may challenge others.
- Staff completed risk assessments for people's environment. These included those for fire safety and equipment. This ensured not only had risks been identified, but regular checks were completed to make sure people were safe. Action had been taken quickly following our last inspection to address concerns about locks on doors and the possibility that people may become inadvertently locked in rooms.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to assess the risks to the health, safety and welfare of people. This was a breach of Regulation 13 (Safeguarding Service Users from Abuse and Improper 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 13.

- People felt safe. One person told us, "I feel safe anywhere here." The provider's satisfaction survey and relatives' newsletters showed that people felt safe living at the home.
- The provider had effective safeguarding systems in place. Staff told us that they had received safeguarding training and they understood what to do to protect people from harm, including discrimination, and how to report concerns. Records showed that referrals were made where appropriate.

Staffing and recruitment

- There were not always enough staff on duty to support people. We received concerns before this inspection stating there were not enough staff and people were being washed and dressed as early as 4.30am. At this inspection one person told us they were ready for a lie down as they had been up since 5.30am. Three staff members told us staff were getting people washed and partly dressed before 6am to help out with the day shift. One staff member told us this gave them extra time to spend with people during the day and it was "frustrating" if they didn't get the extra time.
- We found that staff responded to call bells during our visit, however we saw that some people had to wait for their lunchtime meal. Two people had to wait for almost half an hour in the dining room for their meals while staff delivered meals to people outside of the dining room or supporting people with personal care. The deployment of staff at this time did not support people to start their meals in a timely way.
- Staff members told us there were not enough staff available on the ground floor. They told us there was only a registered nurse and one carer at night, which made "it very difficult to do the job safely for people and staff". Another staff member told us they did not always have help to reposition people as the nurse was busy. Staff told us that they had a meeting with the provider, who had agreed for an extra staff member during the day. However, they went on to tell us that this often did not result in additional staff due to an increase in staff sickness following lockdown during the Covid-19 pandemic.
- Staffing levels were determined using a recognised dependency tool, which showed that 15 of the 18 people on the ground floor had high dependency care needs. Staff told us that about three quarters of people living on the ground floor needed two staff to support them with repositioning and transferring. However, the dependency tool only required one registered nurse and one care worker to support 15 people with high dependency care needs overnight.

Not having enough staff put people at risk of not receiving appropriate care or not receiving care safely. This is a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Using medicines safely

- Staff had received training in how to safely give medicines, they maintained records to show this. There were instructions for giving most medicines that needed to be taken in a specific way or as required. However, one person's medicine administration record showed the time 'as required' medicine was given had not been entered. A staff member told us they usually asked the person when they had last received the medicine before giving more. Although there were other records that needed to be completed for the administration of this medicine, it meant the person may have been at an increased risk of receiving this medicine more than prescribed.
- Medicines were stored securely, and staff continued to make sure medicines were secure by only administering these to one person at a time.

Preventing and controlling infection

- People told us that they lived in a clean and tidy environment. One person said, "They keep the place fairly clean." The home was mostly clean, tidy and smelled pleasant when we visited. There were a few areas where an offensive smell was present on the ground floor, but these dissipated during the course of our visit. Housekeeping staff followed a schedule of cleaning, which made sure that all areas of the home were cleaned on a regular basis. We were assured the provider was promoting safety through the layout and hygiene practices in the home.
- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment (PPE) to help prevent the spread of infection. We were assured that the provider was using PPE effectively and safely.
- The provider had clear information and guidance for staff about infection prevention and control changes

since the start of the Covid-19 pandemic. The registered manager had managed new admissions to the home and taken action to reduce any risk of the spread of infection. They had arranged whole home testing for staff and people living at the home so that action could be taken promptly to isolate infection. We were assured that the provider's policies were up to date, they promoted safety through the layout and hygiene practices and that testing was available.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these and the registered manager completed analysis each month to identify such things as increases or decreases in falls or whether actions had been effective.
- Following each incident the registered manager completed a 'lessons learned feedback form'. These looked at the incident and immediate action that had been taken, whether there were underlying factors, and how staff were informed of any lessons. The records also showed any additional changes that were recommended and provided detailed information of how the service improved.

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 inadequate. At this inspection this key question has now improved 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.

Continuous learning and improving care

At our last inspection the provider failed to assess the risks to the health, safety and welfare of people. This was a breach of Regulation 17 (Good Governance) 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 17.

- We continued to have concerns about provider oversight of this service as there had again been a change of some senior management staff at organisational level prior to this visit. This was also identified at our last inspection where changes to the senior management team resulted in a lack of consistent improvement. However, the registered manager had been in post for approximately 20 months and registered with CQC for a year. This provided increasing stability and leadership to staff who had not received this support consistently. One staff member said, "I think [registered manager] had a tough home to walk into because of the changes in managers and the staff expectation was that she wouldn't stay."
- The registered manager completed an action plan following our previous inspection. These identified the actions needed to address and improve the service. These had been put into place and we saw the improvements at this inspection. The registered manager completed processes to assess and check the quality and safety of the service. Audits identified areas of the service that required improvement and made those improvements in a timely way.
- Records of complaints, accidents and incidents were analysed to find trends or themes, such as the cause or contributing factors. This enabled the registered manager to take action where needed and reduce reoccurrence.
- The registered manager had taken action to identify where improvements may be needed and we found staff were positive and created a caring atmosphere in the home. The provider had taken some action to address staff concerns about staffing levels in one area of the home. However, this had not been addressed for all shifts, which at times left people at risk of not receiving care when they needed it.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and senior staff worked hard to develop a person-centred culture within the service. Staff told us they loved working at the home, one staff member said, "I enjoy working here, I really do. I was really petrified but when I came into work and saw the measures that [registered manager] put into place it was very reassuring." Another staff member told us, "It is a good place to work, there's nothing that I don't like about the job," and a third staff member said, "Yes, I absolutely love my job. I feel comfortable at this care home, I feel welcome."
- Staff were committed to providing high-quality care and support. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when needed. One staff member told us the values of the service were, "The safety of people in the home, helping them to live well, whether this is with dementia or physical disability."
- Staff were positive about the skills and abilities of the registered manager. One staff member told us, "I find her firm and fair with all the staff. I could go to her, her door's always open. She'll sort things out 100%. Any training or anything someone wants to do, she'll organise it. Can also go to [deputy manager] if [registered manager] is not available." Another staff member said, "I think she's made a big difference to the home, in the way the home is run, it's a lot better. The staff are happier and the residents definitely seem happier. She goes out of her way to talk to residents and families, she talks to everybody."

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 sent us information about events and incidents that happened, such as possible harm, and what action they had taken to resolve or improve things.
- The service displayed their inspection rating on their website and at the home.
- Lessons learned records contained prompts to ensure that duty of candour was looked at as part of this process. These records showed who had been informed of incidents. This meant the registered manager was open and honest with people, their relatives and stakeholders about what had happened and how they had addressed the issue.

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

- People had completed a survey in the latter part of 2019 and showed a high level of satisfaction with living at the home and the care they received. A quarterly newsletter was sent to people's relatives to keep them up to date with what had been happening and any changes made at the home. Since the Covid-19 pandemic this included messages from people to their loved ones.
- Staff completed reviews of people's care, which provided people and relatives with the opportunity to feed back about the service they received.
- Staff told us they attended meetings each month, which gave them regular support and information was shared quickly with them. They said these had increased since the start of the pandemic and meeting minutes showed that there had been four meetings in April 2020 to cover frequent changes in government guidance. Meetings also addressed issues that had been identified and reminded staff of how they should be working.

Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority and the Clinical Commissioning Group. The provider and senior staff contacted other organisations appropriately and we found they communicated clearly when working with health colleagues.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	There were not always enough staff to be able to provide care safely to people.
Treatment of disease, disorder or injury	