

Milkwood Care Ltd

The Orchard

Inspection report

Ganarew
Monmouth
NP25 3SS

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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?	Good ●

Summary of findings

Overall summary

About the service

The Orchard is a residential care home providing accommodation with personal care for up to 14 people, some of whom are living with dementia. The accommodation is split across two floors within a modern, purpose-built building. At the time of our inspection, there were 11 people living at the home.

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

People were supported by staff who received training in how to identify and report potential abuse. Procedures were in place to identify and manage the risks to people. Staffing arrangements at the home meant there were enough staff with the right skills to safely meet people's care needs. People had support to take their medicines safely and as prescribed. Measures were in place to protect people from the risk of infections. The provider sought to learn from any accidents or incidents involving people who lived at the home.

Staff received training and ongoing management support to enable them to work safely and effectively. People were supported to maintain a balanced diet and to enjoy mealtimes at the home. Staff liaised with community healthcare professionals to ensure people's health needs were monitored and met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people in a respectful and caring manner. People and their relatives' views about the service were encouraged and taken on board.

People's care reflected their individual needs and requirements. People's care plans were individual to them and followed by staff. People had support to participate in a range of social and recreational activities, and to pursue their interests. People and their relatives knew how to raise any concerns or complaints about the care provided, and were confident these would be acted on. People's wishes and choices regarding their end-of-life care were assessed, so these could be addressed at the appropriate time.

The provider promoted an open and inclusive culture within the service. People and their relatives benefited from good communication with the registered manager and staff. Staff were well-supported by the registered manager and enthusiastic about people's care. The provider had quality assurance systems and processes in place to enable them to monitor the quality and safety of people's care. Staff worked collaboratively with the community health and social care professionals involved in people's care.

Rating at last inspection and update

The last rating for this service was Requires improvement (report published 24 January 2019) and there were two 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

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 ●

The Orchard

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 was carried out by one inspector.

Service and service type

The Orchard 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

The first day of our inspection visit was unannounced. We let the provider know when we would be returning for a second day to complete our inspection visit.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority. This information helps support our inspections. We used all of this information to plan our inspection.

The provider completed 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.

During the inspection

We spoke with four people, two relatives and a community healthcare professional about their experiences of the care provided. We also spoke with the registered manager, three senior care staff, three care staff and an activities coordinator.

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. These included four people's care records, medicines records, complaints records and three staff recruitment records. We also reviewed incident and accident records, selected policies and records relating to the safety of the premises and management of the service.

After the inspection

We spoke with two community health and social care professionals about their experiences of the care provided. We also reviewed additional information sent to us by the provider.

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. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had not fully assessed and managed the risks to people's health and safety. This was a breach of Regulation 12 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.

- People told us they felt safe living at the home. They described how access to call bells and the responsiveness of staff helped them feel safe and secure.
- People's relatives felt staff did all they could to protect their family members' safety and wellbeing. One relative said, "I'm very confident [family member] is in safe hands. The home is secure, staff are very good and they can tell when [family member] is agitated."
- The risks associated with people's individual care needs had been assessed, recorded and reviewed. As part of this, consideration had been given to their mobility, nutrition, risk of skin damage and their safety when out in the community. Plans were in place to manage identified risks and keep people safe. Following our inspection, the registered manager met with one person's GP to develop clearer plans for monitoring their fluid intake. We will follow this up at our next inspection.
- The provider carried out regular checks on the premises and equipment in use to ensure these were safe and fit for purpose.
- Staff told us good communication with their colleagues and the registered manager ensured they were kept up to date with any changes in risks or people's needs.

Systems and processes to safeguard people from the risk of abuse

- People told us they would speak to staff if they had any concerns about their own or others' safety and wellbeing.
- Staff received training in how to protect people from abuse. They told us they would immediately report any abuse concerns to the registered manager, and had confidence these would be thoroughly investigated.
- The provider had procedures in place to ensure the appropriate external agencies, such as police, local authority's safeguarding team and CQC, were promptly notified of any potential abuse involving people who lived at the home.

Staffing and recruitment

- People, their relatives and staff themselves felt the staffing arrangements at the home were safe and

appropriate. People told us staff were available to help them when they needed support.

- We saw there were enough staff on duty to monitor people's wellbeing and respond to their individual needs and requests.
- People were supported by staff who underwent pre-employment checks to ensure they were suitable to provide their care.

Using medicines safely

- People told us staff gave them the level of support they needed to manage and take their medicines safely.
- Staff received training in the provider's medicines procedures and felt confident following these.
- Staff kept accurate and up-to-date records of the medicines they administered, and had access to written guidance on when to offer people their 'when required' (PRN) medicines.
- The decision to administer one person's medicines covertly had been made in their best interests, through consultation with their relatives and GP.

Preventing and controlling infection

- Domestic staff supported care staff in maintaining standards of hygiene and cleanliness at the home. We found the home to be clean, airy and fresh-smelling throughout.
- The provider issued staff with personal protective equipment (disposable gloves and aprons) to reduce the risk of cross-infection. Staff understood when they were expected to use this equipment.

Learning lessons when things go wrong

- In the event people were involved in any accidents or incidents, staff recorded and reported these events to the registered manager. The registered manager reviewed these reports to identify learning for the service and any action needed to prevent things from happening again.

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 Requires improvement. At this inspection this key question has now improved to Good. 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

- The registered manager met with people and, where appropriate, their relatives to assess their individual needs before they moved into the home. This enabled them to establish whether the service could safely and effectively meet these needs.
- People's needs were reassessed every month to ensure their risk assessments and care plans remained up-to-date and effective.
- Staff understood the need to promote people's equality and diversity through their work. They felt the provider took into account people's protected characteristics and sought to avoid any discrimination in the planning or delivery of people's care.

Staff support: induction, training, skills and experience

- People and their relatives had confidence in staff's knowledge and skills. One relative told us, "They [staff] appear highly competent, very friendly and very caring."
- New staff completed the provider's induction training to help them settle into their new roles. This included time to work alongside, and learn from, more experienced colleagues before supporting people on their own. The provider was reviewing their induction procedures to ensure these fully incorporated the requirements of the Care Certificate. We will follow this up at our next inspection. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff.
- Staff participated in a rolling programme of training designed to give them the knowledge and skills they needed. Staff spoke positively about the provider's approach to training and the benefits of particular courses they had attended. One staff member told us, "[Provider] has a healthy attitude towards training. A large amount of it isn't just mandatory training, but other training they feel would be beneficial to the service users or us."
- Staff regularly met with the registered manager, on a one-to-one basis, to receive constructive feedback on their work and identify any additional support or training they may require.

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

- People told us staff offered them choices about what they ate and drank each day, and helped them to maintain a healthy diet. One person told us, "I have no appetite, but they [staff] always encourage me to eat and offer me alternatives." A relative said, "The food is very good and there's a great choice. [Family member] loves their food."
- Mealtimes at the home were relaxed and sociable events during which people were provided with encouragement and attentive support to eat and drink, where they needed this.

- Where there were risks or complex needs associated with people's eating and drinking, these had been assessed and managed with appropriate specialist input. This included work with people's GPs, dieticians and the local speech and language therapy team.

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

- Staff worked with community health and social care professionals to ensure people's health and broader care needs were monitored and addressed. This included collaboration with district nurses to manage and prevent wounds and pressure sores.
- People and their relatives confirmed staff helped them seek professional medical advice and treatment when they were unwell.
- People's oral healthcare needs had been considered and plans were in place to monitor and address these.

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

- The home's purpose-built premises had been decorated and furnished to a high standard to promote people's comfort, wellbeing and independence.
- People were encouraged to personalise their rooms to their own tastes. A relative described how their family member had installed a number of bird feeders outside their window, as they loved watching the birds eat from these.

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.

- People and their relatives told us staff sought their permission before carrying out care tasks and respected their wishes.
- Staff understood the need to actively support people's right to make their own decisions about their care.
- People's mental capacity had been considered when planning their care and, where they were unable to make decisions for themselves, these decisions had been made in their best interests.
- Applications for DoLS authorisations had been made, based upon an individual assessment of people's capacity and their current care arrangements. The registered manager understood the need to comply with any recommendations made on DoLS authorisations which were granted.

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 and their relatives told us staff treated them with kindness and compassion. One person said, "Nothing seems to be too much trouble for staff; they really are incredible." Another person commented, "They [staff] are all very nice. I don't know how they can do their job and keep a smile on their faces at the same time." A relative told us, "I have not met a single staff member here who is not caring."
- We saw many caring interactions between staff and the people they supported. Staff maintained a friendly, patient and professional approach at all times. They greeted people warmly upon seeing them for the first time that day and took the time to enquire how their family were keeping.
- Staff spoke about those they supported with respect and affection, and showed concern for people's continued comfort and wellbeing. For example, staff were quick to respond when one person began to cough during the lunchtime meal, to ensure they were not experiencing any difficulties in breathing or eating.

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

- The staffing levels maintained at the home meant staff were able to work in an unrushed manner and involve people in decisions about their care. A relative told us, "There always seems to be plenty of staff support. Sometimes I'm pleasantly surprised at how free staff are to come over, put their arm around [family member] and have a chat with them."
- The registered manager encouraged people and their relatives to express their views about the service provided at any time. People and their relatives felt the registered manager was approachable and willing to listen.
- The registered manager assured us they would signpost people and their relatives to sources of independent support and advice on their care, as appropriate.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives confirmed staff treated them with dignity and respect at all times, including promoting people's independence. A relative told us, "They [staff] absolutely do encourage people to be as independent as possible."
- We saw staff spoke with people in a respectful and polite manner.
- Staff gave us other examples of how they promoted people's rights to privacy and dignity on a day-to-day basis. This included actively listening to people, giving them their full attention, offering people choices and respecting their wishes.

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 and their relatives told us the care that staff provided reflected what they wanted and needed from the service. They felt involved in decision-making about their care.
- People's care records demonstrated staff monitored and responded to changes in their care needs, involving community health and social care professionals, where necessary. A relative told us, "They [staff] are all very responsive to people's needs – especially the registered manager."
- People's care plans were individual to them and included information about their personal backgrounds, preferences and interests to promote a person-centred approach. Staff told us they read and followed people's care plans to ensure their individual care needs were met. One staff member said, "Everything's there in the care plans that I need to know to look after people throughout the day."

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.

- People and their relatives confirmed staff understood how to communicate effectively with those who lived at the home.
- People's care files included information for staff on their individual communication abilities and needs.
- The provider had the facility to produce information for people in alternative accessible formats, based upon their needs and requests.

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 and their relatives spoke with us about the range of activities on offer at the home and in the local community. These included visits from a local entertainer and fitness group, flower arranging, quizzes, arts and craft activities, and trips to a local social club and places of interest.
- A relative described how staff enabled their family member to pursue their love of classical music and singing. They told us, "[Registered manager] is very encouraging of anything that makes people's lives happier."

Improving care quality in response to complaints or concerns

- People and their relatives understood how to raise concerns and complaints about the care provided and told us they felt comfortable doing so. One person told us, "If I wasn't happy about things, I'd have a word

with the manager."

- The provider had not received any complaints about the service since our last inspection. However, they had a complaints procedure in place to ensure any complaints were recorded and responded to fairly and consistently.

End of life care and support

- At the time of our inspection, no one living at the home was receiving end-of-life care.
- The registered manager was in the process of reviewing people's wishes regarding their end-of-life care with them and their relatives, so these could be addressed by staff at the relevant time. Staff understood the need to work effectively with community healthcare professionals to ensure people's end-of-life care needs were met.

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 Requires improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider's quality assurance systems and processes were not as effective as they needed to be. 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.

- People and their relatives spoke positively about the overall quality of care provided. One relative told us, "I think it's been the making of [family member] coming here. They have had a new lease of life."
- The provider had an audit schedule in place to enable them to monitor the quality and safety of key aspects of people's care. This included regular checks on the management of people's medicines, standard of care planning, safety of people's mobility equipment and infection control practices.

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

- People, their relatives, staff and community professionals described an open and inclusive culture within the service, in which others' views were welcomed and acted upon. A staff member told us, "They [provider] welcome our ideas and thoughts. [Registered manager] wants to create a good working environment and bring standards up."
- People and their relatives spoke positively about their relationship and dealings with the registered manager, whom they found approachable and ready to listen. One person told us, "[Registered manager] seems to care and she listens to you. You feel you can go and speak to her if you are unhappy." A relative said, "Communication with [registered manager] is great, which means a lot when you are not living close to the home. She's very open and you never feel rushed when you speak with her."
- Staff talked with enthusiasm about people's care and their work for the provider. They referred to the strong teamwork between staff and a sense of shared purpose with the registered manager. One staff member told us, "I really like it [my job]. I love making sure people are comfortable, happy and cared for."
- Staff felt well-supported by the registered manager, who they described as open, hands-on and fair. One staff member told us, "[Registered manager] is very open and we [staff] just feel she's one of the team. The home is constantly improving and there are always new ideas. I'm happiest I've ever been here, as I feel the ship has the right captain."

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 registered manager understood their legal responsibility to inform people, and relevant others, if they suffered harm as a result of the care they received.

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

- Staff were clear about the duties and responsibilities associated with their respective roles.
- The registered manager worked closely with senior management and communicated well with staff to maintain a shared understanding of people's needs, risks and any quality performance issues affecting the service.
- The registered manager explained they kept themselves up to date with current best practice through, for example, participating in further training and attending events organised by the local authority.

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

- Staff worked collaboratively with the community health and social care professionals involved in people's care to ensure their needs were monitored and met. Community professionals spoke positively about their working relationships with staff and the registered manager.
- The provider took steps to engage with people, their relatives and staff and involved them in the service. This included organising regular staff meetings and distributing periodic feedback surveys. Any feedback on the service was reviewed by the registered manager to identify and address potential areas for improvement.
- The registered manager discussed their intention to organise meetings with the people who lived at the home on a more regular basis. We will follow this up at our next inspection.