

## Broadoak Group of Care Homes

# Orchard House

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Orchard House is a residential care home providing accommodation and personal to up to 30 people. At the time of our inspection there were 25 people using the service. The care home accommodates 30 people in one adapted building.

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

Concerns were raised prior to the inspection regarding the management of falls and quality of care people received. However, no issues relating to these areas were identified.

People received safe, personalised care and were treated with dignity and respect. People and relatives were involved in decisions in how care was arranged and delivered.

People's needs and risks were assessed and monitored. Accidents and incidents were reported and recorded. Care plans were detailed, and person centred with people and their relatives' views recorded.

People were supported by a consistent staff team who were safely recruited, experienced and qualified to meet people's needs. Staff knew people well and were kind and considerate when delivering care.

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, relatives and staff thought the service was well managed. Feedback on the quality of care provided was complimentary.

Medicines were administered safely. Infection prevention and control procedures helped to ensure people were protected from the risk of infectious diseases.

People lived in a safe environment and refurbishment of the service was underway.

The service worked in partnership with health professionals and other agencies.

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 (report published 27 March 2020.)

### Why we inspected

We received concerns in relation to falls management and quality of care. As a result, we undertook a

focused inspection to review the key questions of safe, caring and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained the same.

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

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

At the time of our inspection there was a registered manager in post.

## 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 who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 2 people who used the service and 5 relatives to ask about their experience of the care provided. We also observed the support people received within the communal areas of the home, including the support people received to take their medicines. We spoke with 7 members of staff including the registered manager, the provider, 3 care staff, and the cook and housekeeper.

We reviewed a range of records. This included 2 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Processes and procedures relating to the management and monitoring of falls were robust. People's mobility needs had been fully assessed and where identified equipment in place to mitigate the risk of falling. Staff who had received moving and handling training were observed mobilising people safely throughout the inspection.
- Other risks to people's health had been fully assessed, were safely managed and appropriate measures put in place to monitor them. Risk assessments were thorough, reviewed regularly and when any change to people's health and well-being was identified.
- Care plans for specific health conditions such as diabetes were in place. For one person with this condition, we saw staff had monitored them as recommended by health professionals.
- The environment was safe. Regular checks had been conducted which included, but were not limited to, electric, gas safety checks and moving and handling equipment.
- Personal emergency evacuation plans (PEEP's) were robust to ensure people could be safely evacuated in the event of an emergency.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. People and their relatives confirmed this. One person told us, "I am happy and feel safe here". One relative told us, "Oh yes [family member] is safe. Another told us, "[Family member] is very safe; definitely."
- We found safeguarding incidents were reported, recorded and investigated. Appropriate actions and referrals to relevant professionals were made.
- Staff had received safeguarding training and knew how to report any concerns to the registered manager, provider and relevant professionals. One told us, "If I have concerns I would report them to the manager and they would do something about it. We can report them to you [CQC] and safeguarding too."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

There were no restrictions on visiting. We saw visitors arriving at the home throughout the inspection spending time with people in communal areas and bedrooms.

#### Staffing and recruitment

- There were enough appropriately trained staff employed to ensure people's needs were met. Our observations throughout the inspection confirmed this. All staff we spoke with said they had enough time and were not pressured to complete their roles. One told us, "I don't have to rush when I am supporting people. We generally have time to sit and talk with people too."
- The majority of people and relatives we spoke with told us there were enough staff deployed to meet their needs in a timely way. One told us, "There always seems to be enough staff when I'm there to care for [family member]."
- Staff were recruited safely. Processes and checks were undertaken prior to new staff commencing their roles. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed safely, and people received them as prescribed. A relative told us, "There are no problems with [family member] getting their medication; it's all good in that respect."
- Staff administering medicines told us they were trained in medicines management, and had their competency assessed frequently.
- Protocols were in place for people who were prescribed medicines 'as and when required'. For some people who were prescribed medicines for pain relief this ensured they were managed and monitored appropriately.
- A review of MAR [medicines administration records] identified minor recording errors. These were addressed during the inspection and additional checks put in place to reduce the risk of recurrence.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed and audited to monitor any themes and trends. This helped to ensure the risk of these recurring was minimised.
- Staff were provided with the necessary information following any accident or incident and any changes to

people's care needs.

- Where minor shortfalls were identified during the inspection the registered manager immediately addressed them.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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; Supporting people to express their views and be involved in making decisions about their care

- People received good quality care. All the people and relatives we spoke with told us staff were kind, caring and compassionate. One relative told us, "The staff are definitely kind and caring. I am impressed by the level of kindness and care by all the staff". "Another relative told us, "The staff are kind and caring in fact they are a saving grace, they really are. They [family member] are in a loving and caring environment."
- Multiple interactions between staff and the people they supported were observed during the inspection. People responded positively to these interactions. A relative said, "The staff are great, they recognise and understand their dementia and treat them the same as anyone else."
- Staff were relaxed, and the atmosphere was warm and welcoming. We observed jovial conversations taking place between people and staff in communal areas. A relative told us, "The atmosphere is very friendly. There is a family feel and [family member] feels they really do belong there. There's a sense of it being a caring home."
- Staff had a good understanding of the support people needed. Their diverse needs and preferences were documented on how they wished to be supported.
- Staff were patient when supporting people and had the time to support people at their own pace. Staff had time to spend with people and supported them how they wished.
- We observed staff involving relatives when visiting their loved ones. Relatives commented on how when they were not visiting, they remained involved with their relative's care. One told us, "They [staff] always keep me updated on how [name] is when I am unable to visit."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld. Staff spoke to people discreetly to ensure other people were not aware of their need for support, for example, with personal care. We observed staff knocking on people's doors before entering.
- All of the relatives we spoke with told us how staff upheld their loved one's privacy and dignity. One told us, "[Name] needs a lot of support when they go to the toilet. Staff always keep them private. I've never seen anything that's against privacy and dignity. Another relative said, "They [staff] quietly encourage [Name] to take themselves to the toilet, but they get help where needed. What I like is they treat everyone with respect when I visit."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. 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;

- There was a positive culture in the service and care delivery was person centred. There was a warm and welcoming atmosphere, and we observed kind and caring interactions between staff and people.
- All of the people and relatives we spoke with were complimentary of managers, staff and the quality of care. One relative told us, "The managers and staff are all fabulous. Everything seems well managed." Another relative said, "I would recommend Orchard House. [Name] has been here for many years. If I had any issues, I would choose another care home."
- Staff knew people and those important to them well. Those we spoke with were able to consistently and reliably tell us about people's individual needs and preferences which matched those recorded in their care files. This helped to achieve good care outcomes for people.
- The registered manager was a visible presence in the service. People, visitors and staff were able to approach them, and they were responsive to their questions and queries.

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

- The registered manager had oversight of the service through a schedule of audits which checked the quality and safety of the service.
- The provider and registered manager worked together to check on the quality and safety of services. Where any shortfalls were identified, prompt action was taken to remedy them.
- Staff were supported well and knew their roles and responsibilities. Staff we spoke with confirmed this. Staff had received the necessary training to ensure they provided people with safe care and support.

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

- People and their relatives were engaged in the service. Regular opportunities to provide feedback were offered in meetings, questionnaires and care reviews.
- People and their relatives said they would be confident to raise any issues. One relative told us, "I have been asked to meetings to give my views, but I haven't been as I've got no issues, but I would go if I had."
- Staff told us they were encouraged to share their views either through a meeting with their manager, team meeting or informally. All the staff we spoke with said the registered manager listened and valued them.

Continuous learning and improving care

- The registered manager ensured staff received the training required for their role and timely refresher courses to ensure learning was up to date and in line with best practice.
- The provider acknowledged and acted on feedback that décor and presentation of the service could be improved. Some improvements had already been completed including a new porch and heating system. Improvements to the gardens and bathroom facilities were planned immediately after the inspection, and the provider told us improvements to décor were to commence shortly after.

#### Working in partnership with others

- There were established working relationships with professionals such as, community nurses and GPs to improve people's outcomes and ensure they received holistic care.

Relatives and professionals feedback confirmed this. One relative told us, "They [Staff] referred [Name] to SALT [Speech and Language Therapy] service when their relative began having difficulty swallowing." A district nurse who attended the service during the inspection told us, "Staff follow our recommendations and instructions and I have no concerns with the home. They are all 'on the ball'."

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 the requirement to share information with the local authority and CQC as required by law.
- The registered manager confirmed there had been a delay in submitting one notification to CQC. They told us additional measures had been put in place to prevent any future reporting delay. We reviewed all other notifications prior to and following this isolated delay in notifying and found they all were submitted in a timely way.
- A complaints policy was displayed. No complaints were recorded in the 12 months prior to the inspection. Records we reviewed and feedback we received confirmed this.