

Anchor Hanover Group

Orchard Gardens

Inspection report

Bishopstoke Park
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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

Orchard Gardens is a residential care home providing personal care to 38 people aged 65 and over at the time of the inspection. Orchard Gardens is part of Bishopstoke Park, a retirement housing development. There are facilities on site such as a wellness centre and spa, restaurant and shop which are easily accessible from the home.

Orchard Gardens provides accommodation for up to 48 people across two floors of a purpose-built home. One floor provides care to people living with more advanced dementias.

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

People told us they felt safe and we saw records and practice that supported this. Medicines were safely managed, and people were supported to take their medicines in their chosen way. Risks were assessed, and additional controls put in place to minimise any residual risks. Staff were safely recruited and there were sufficient staff deployed to meet people's care needs. The service was very clean and there were no malodours.

Pre-admission assessments ensured the provider could meet people's needs before they moved to the service and assessments looked at people holistically. People received appropriate support to eat and drink enough and most of the feedback we received about meals was positive. Staff were well supported through supervision and a comprehensive package of induction and ongoing training. The premises were purpose built and the registered manager was working to make them more dementia friendly in appearance. 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 supported in a person-centred way and their needs associated with the protected characteristics of the Equality Act 2010 were met. People were supported to make choices and be involved in decisions about their care to the extent of their ability and regular care plan reviews ensured that care delivery was as the person wanted it to be. People were treated with respect by staff and supported to maintain their current level of skills.

People's care records had extensive information about their life histories and each person had a memory box on the wall outside of their room. There was a busy activities programme, and people were encouraged to join sessions that stimulated both their mind and kept them physically active. There was a complaints policy and we saw that procedures were followed when dealing with complaints about the service so that a positive outcome was achieved. The provider had resources available to ensure that they met the Accessible Information Standard. The registered manager was proud of the end of life care delivered by the service. Staff had recently completed training in end of life care and were developing end of life plans with people.

There was a positive, open culture at the service, people and staff were happy to speak with us. Regular

audits and an ongoing action plan ensured the service was continually improving. The registered manager had forged positive working relationships with local health and social care providers and worked in partnership with them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 18 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

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 Gardens

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 two inspectors.

Service and service type

Orchard Gardens 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.

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.

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 nine people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including two area managers, registered manager, assistant manager, senior care worker, care workers, activities officers and housekeeping staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 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 felt safe living at Orchard Gardens. One person told us, "Yes, I feel safe, yes oh yes. It's wonderful" a second person said, "Yes, I feel safe I don't think I could be any safer here."
- Staff received training and regular updates about safeguarding. Staff knew signs and symptoms of possible abuse and would report any concerns they had.
- Staff understood their responsibility in terms of whistleblowing and would not hesitate to report concerns about colleagues. One staff member told us, "I wouldn't ignore it, [poor practice], I would go to the registered manager and mention it."
- The registered manager told us that all incidents and allegations were thoroughly investigated, and they kept staff informed of progress to ensure they felt valued for their contribution and involved in the process.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks concerning people, their needs and the environment were completed and regularly reviewed.
- The premises were well maintained and checks including water safety and fire were completed and identified maintenance completed in a timely way.
- Accidents and incidents were recorded, and the provider had an 'event capture system'. Accidents, incidents and safeguarding concerns were entered into the system which would search for themes in the information which could influence actions taken to minimise future events.

Staffing and recruitment

- Staff were safely recruited, and all relevant pre-employment checks and documentation as required by Schedule 3 of Regulation 19(3)(a) of the Health and Social Care Act (Regulated Activities) Regulations 2014 was available for all staff. Employment records, if not complete had been annotated with additional explanations of gaps in employment.
- There were sufficient staff deployed to meet the needs of people living at the location. There had been an increase in staffing to reflect the complex needs of some people and staffing was being gradually increased to reflect any increases in numbers of people living in the home.
- We asked people if they thought there were enough staff working at the service. One person told us, "Staffing, something I haven't thought about, wouldn't like to say. But the staff we have are very good. I'm well looked after put it that way." We asked if staff arrived quickly when people used the call bell, a person told us, "I can't remember when I last pulled it, there's always someone in and out."

Using medicines safely

- Medicines were safely managed. We reviewed medicines storage and found that both the primary storage trolley and the additional storage of medicines were secure and appropriate.

- Medicine administration records, (MAR) were completed and there were no errors or omissions in recordings.
- Peoples medicine care plans were person-centred. The plan detailed exactly how people preferred to have their medicines, for example, in a medicines pot, placed one at a time in their hand or all together.
- Records of remaining quantities of medicines on MAR's were not accurate, however the amount on site was as it should be. Medicines 'countdowns' were misleading however when thoroughly checked we found the errors and were reassured that the correct medicines were given.

Preventing and controlling infection

- The service was very clean and there were no malodours. An infection prevention and control audit was undertaken every month.
- Staff were trained in infection control and personal protective equipment, (PPE) was provided. We saw staff using appropriate PPE such as gloves and aprons when providing care and serving meals.
- The catering kitchen was awarded the highest standard of 'very good' in July 2019. We did not inspect this facility as it also catered for other parts of the overall site such as the restaurant and was not in the same location as the home.

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 before moving to Orchard Gardens to ensure that their needs could be met at the service. People contributed as much as possible to assessments and family members were involved in assessments as was appropriate.
- Assessments were holistic, and the provider used well known assessment tools to assess health needs such as skin integrity.

Staff support: induction, training, skills and experience

- New staff completed an induction and the providers identified mandatory training when commencing in post. Shadowing shifts were completed until the staff member was ready to work independently in the service. The registered manager had a charter stating that all new staff would spend half a day with them or the deputy manager, so they could get to know them and learn from each other.
- Staff told us they received regular supervision with an identified line manager. One staff member told us, "It's [supervision] useful. It's nice to know what's happening and get feedback."
- Staff were encouraged to complete courses that lead to qualifications and told us they were confident that the provider would support them to further their careers in the service.

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

- Staff received training in nutrition and in the malnutrition universal screening tool, (MUST). The provider used current good practice guidance on food and fluid preparation for people living with dysphagia. Appropriate meals were provided according to people's individual needs.
- We saw people enjoying appetising meals and a menu that was varied with several choices available at each mealtime. One person struggled to choose what they wanted and made a choice and changed their mind almost immediately. Staff were kind and provided them with a different meal more to their taste.
- We received mostly positive feedback about meals. One person told us, "The food? I do like my food, it's all presented well with nice linen serviettes, all done very nice. You get a choice of meal." One person was less happy with the food, they told us their porridge was cold at breakfast time then at lunchtime we saw, when their lunch was served, that they complained again that it was cold. The food had just been served from a hot cupboard and was put into a hot plate. No one else had any concerns about the temperature of the meal.
- People who needed additional support to eat their meals were supported in a dignified way by staff who had appropriate skills to do so.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported to access healthcare professionals as required. Visiting healthcare professionals included a dentist, occupational therapist, chiropodist, district nurses, hospice staff and there were regular GP rounds when all people needing to see the GP were seen. The GP would attend between their regular visits if someone needed immediate support.
- The service was part of a retirement village and a well-being centre on site had a swimming pool. People were supported to access this as a means to promoting their fitness and well-being.
- People were referred to their GP's for advice should they have a MUST score of one or more and referrals were made for other support such as from the speech and language team through the GP.

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

- The service was a modern building with little in the way of features that might enable people living with dementia to navigate the property. The registered manager had invested in adding 'landmarks' such as a reading area, a window transfer with a view on a plain wall and various other interesting focal points for people.
- There were plans to change the dual-purpose lounge diners into a lounge and a dining room on each floor. This had been done in practice, however there would be changes to the flooring and fixtures to ensure the rooms had individual identities.
- Dementia friendly signage was visible throughout the home and displays of photographs of people enjoying activities were evident. Each room had a large memory box on the wall outside which contained items and pictures personal to them which supported them to find their room and enabled people to know more about them.
- Along the corridors there were butterfly decorations. These were attractive but also had writing on them with prompts for staff supporting people to mobilise with conversation starters which could be used if a staff member were struggling to get someone to engage in a chat for example. The registered manager referred to these as 'butterfly moment's'.

Ensuring consent to care 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.

- The service was compliant with the requirements of the MCA.
- The registered manager understood their responsibilities under the MCA and had applied for DoLS authorisations as required.
- Care records held capacity assessments, DoLS applications and authorisations and best interest decisions.
- Staff were trained in the MCA and could tell us the main principles of the Act and understood how the Act impacted on their day-to-day work with people.

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

- The provider had comprehensive policies covering equality and diversity and provided care in a person-centred way.
- There were regular church services in the home and people's faiths were referenced in care plans, for example, the last rites had been added to a person who had Roman Catholic beliefs end of life plan.
- The registered manager told us they would meet the needs of anyone accessing their service in terms of their religious beliefs and had done so, for example they had negotiated with a person and their family when their religion prevented them from watching television. They had agreed the person could access communal areas when the television was on as long as they were seated so they could not watch it. This meant that the person was still able to access communal areas and other people could still watch the television should they want to.
- The service had displays of information about LGBT and the registered manager understood their responsibility to support those people who met the protected characteristics of the Equalities Act 2010.
- People and their relatives were positive about staff working at the service. One person told us, "The girls are caring, all the people are really nice. I met the manager, they are really nice". Another person told us, "I think there are enough staff, everything gets done and staff come around and talk to you. I don't think it can be any better."

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

- When people were able, they made decisions about care. If they lacked capacity to do so and had no one legally in place to act for them, best interest decisions would be made involving the person, their family as appropriate and a GP or social worker. A local advocacy service had supported some people when they needed to make significant decisions.
- Reviews were held at least annually, and all involved persons were invited with the persons permission. The registered manager was keen to ensure that family members remained involved with people and supported them at reviews.

Respecting and promoting people's privacy, dignity and independence

- We saw staff knocking on people's doors and waiting to be invited in and doors were closed when personal care was taking place.
- People were supported to maintain their independence. For example, a person had a condition that caused them to become very tired. They were able to feed themselves and did so however staff were aware they may need support at times due to being too tired to eat independently.

- We heard staff and people having appropriate conversations. Staff knew people well and spoke about them with affection.

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's care plans were person-centred and based on how people wanted their care to be delivered.
- People were offered choices constantly from a choice of menu to the type of care they wanted, a bath or a shower for example. Staff understood that though a person may lack capacity for making significant decisions they should still be asked to make lesser, day-to-day choices.
- Care records held life history information which staff used to engage people in conversations. Information about what people liked and disliked ensured that while people would always be offered choices, if they were unable to answer, staff could make an informed choice for them about meals for instance.

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.

- Orchard Gardens was part of a larger organisation who would provide information in different formats and languages as required.
- Locally, the registered manager told us they provided people with larger print items such as an A3 sized programme of activities for someone who had visual impairment. They used phone applications if they needed to translate things verbally and staff on the team were able to use sign language.
- Other people had been engaged by staff who spoke different languages. One person's first language was spoken by a staff member. Arrangements were put in place for them to spend time together, so the person could speak their own language.

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

- There was a busy activities programme. We participated in an 'Oomph' exercise session run by an activities officer who had trained with 'Oomph' to run the group. 'Oomph' is an organisation providing training and leadership to social care providers to enhance the wellbeing of people for life. The session involved more than ten people and there were several staff, including office-based staff, supporting people to participate. The session was themed around Halloween, so all the music was monster themed. The session was a great success and people benefitted from both the exercise and the fun they all had. Other sessions have themes such as a recent Doris Day event.
- People had raised the lack of evening activities with the registered manager. We saw this had led to bingo and other activities during evenings such as cheese and wine parties.

- Other activities taking place included cake decorating for a Halloween party, 'Hortic' therapy (using gardening activities to improve health and happiness), a reminiscence quiz, current affairs discussions and a large group of people got together on Saturday nights to enjoy watching a TV dance competition. There was a good range of activities to stimulate the mind and provide physical exercise for people.
- The service had recently joined an initiative called 'Postcards for Kindness'. Members of the public send postcards, letters and greetings cards to care homes who have joined and if they want to, people at the care home can respond to letters and have pen pal like friendships with people.

Improving care quality in response to complaints or concerns

- The provider had received two complaints. Both had been investigated as per their policy and positive resolutions had been found.
- One of the concerns had been about a person's care appearing to have deteriorated. This was investigated, and the person had been refusing care. This was addressed and with some actions remedied and care recommenced.
- The registered manager and deputy manager were visible throughout the service. They would assist with care provision and at lunch times and were accessible to people and relatives and could address low level concerns before they became complaints.

End of life care and support

- Several staff had attended a 'Six Steps End of Life Care' course at a local hospice. The registered manager was proud of their achievements and the impact it had on people and families experience of end of life care at Orchard Gardens.
- Care records showed that peoples wishes for the end of life had been planned for. One person wished to stay at the care home and to discuss the plan again with their relative. End of life plans were at different stages however important documents such as advanced decisions or do not attempt resuscitation forms were in a prominent place in the records.

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

- The service was welcoming, and people and staff were open and happy to speak with us. When we raised concerns with the registered manager they knew people well and dispelled our concerns by clarifying the situation. For example, one person was feeling low and confided that they never left the service and didn't have anything to do. We had seen them fully involved in an activity and they had a very busy day to day life with lots of family visits and community trips.
- Staff ensured that people were their focus and we saw people supported to maintain their independence and to enjoy fulfilling lives.

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 responsibility under the duty of candour. If things went wrong, they would contact relevant persons to explain and offer an apology when appropriate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear understanding about roles and responsibilities at Orchard Gardens however the registered manager and deputy manager would often support staff 'on the floor'. The registered manager told us they would not ask any staff member to complete tasks they were not prepared to do themselves and very much lead by example when it came to providing quality care to people in a timely way.
- There were regular audits of all aspects of the service and an area manager also completed an in-depth quarterly audit. The registered manager also worked on an ongoing action plan which was reviewed by senior managers. The registered manager approached actions methodically and completed each action before commencing the next action.
- The service sent required notifications to the Care Quality Commission. A notification informs CQC about significant events at the service that registered managers are required to tell us.
- The provider issues a quality assurance questionnaire to people to obtain feedback about their experiences of care at Orchard Gardens. Actions based on any concerns raised through the responses would be dealt with should any arise.
- The provider used 'you said, we did' displays to inform people of the outcomes of their comments.

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

characteristics; Working in partnership with others

- The provider had forged positive working relationships with local GP surgeries and other health professionals. They had a link social worker at the local authority and was a part of the small community at Bishopstoke Park where they were located.
- Meetings were held involving staff, people and relatives to ensure that people felt a part of the service and were informed about any developments.