

First Care Services Limited

# Orchard House Nursing Home

## Inspection report

16-18 Riley Crescent  
Penn  
Wolverhampton  
West Midlands  
WV3 7DS

Tel: 01902653500

Website: [www.orchardhousenursinghome.com](http://www.orchardhousenursinghome.com)

Date of inspection visit:

26 June 2019

27 June 2019

Date of publication:

30 August 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Orchard House is a nursing home providing personal and nursing care to 69 people with mental health needs and dementia at the time of the inspection. The home accommodates up to 72 people in one adapted building.

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

People felt safe and staff knew how to identify and report concerns for people's safety. Risks were assessed and managed safely. There were sufficient numbers of staff available to meet people's care and support needs. People received their medicines as prescribed.

Staff received training relevant to their role and had a good understanding of people's individual needs. Staff felt supported through regular supervision and were given feedback about their role. People were supported to have a balanced diet and staff understood people's dietary needs.

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 support this practice.

People felt well supported by the staff team who they described positively. People were supported to make their own choices and decisions. People were supported to maintain their independence and their privacy was respected.

People received personalised care which reflected their individual needs and preferences. There was a range of activities available which people could participate in. People knew how to raise a concern about the service and expressed confidence in the staff team and registered manager to address any concerns raised.

People and staff found the registered manager approachable. Regular quality audits were completed which identified any areas for improvement. People and staff had opportunities to give feedback and share their views about the home. The registered manager was open about where improvements could be made and shared their learning with other providers.

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

### Rating at last inspection

The last rating for this service was good (published 14 June 2016).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Orchard House Nursing 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

The inspection was carried out by an inspector, an assistant inspector and a specialist nurse advisor.

#### Service and service type

Orchard House Nursing home 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, clinical commissioning group 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 thirteen people who used the service, four care staff, three nurses, the head chef, the deputy manager and the registered manager. We looked at four people's care records, medicines records, complaints, health and safety and quality assurance records. We also looked at three staff recruitment records.

At the end of the inspection we requested some additional information from the registered manager, this was received without delay.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and information relating to feedback received about the service.

# 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 told us they felt safe. One person said, "I feel safe here, no one has ever harmed me."
- Staff had received training in protecting people from abuse and knew how to raise any concerns for people's safety. One staff member told us, "I will always raise a concern for example if there is a scratch on a person. It would be followed up by management. I would always be happy to report concerns. We have to protect people in the same way we would want our own family members to be protected."
- The registered manager submitted relevant notifications to CQC and had notified the relevant local authority where there were concerns for people's safety.

Assessing risk, safety monitoring and management

- Staff knew the individual risks people faced and how to manage these risks safely and effectively. Staff told us about risk assessments and actions taken to reduce people's risk of harm whilst promoting independence.
- We saw staff followed safe moving and handling techniques when supporting people to mobilise. For example, when moving from a chair to a wheelchair using a hoist.
- There were environmental and health and safety risk assessments in place to ensure the home environment was safe.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's care and support needs. The registered manager used a dependency tool to ensure there were enough staff available to meet people's needs. This also reflected where people required one to one support at certain times of day.
- Staff told us they felt there were enough staff available to meet people's complex needs. One staff member said, "There are enough staff on duty. One to ones are always covered, groups allocation covered, and are always floating staff on duty that are supernumerary."
- Staff had been recruited safely. The provider had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.

Using medicines safely

- People received their medicines as prescribed. One person told us, "The nurses give me my tablets, I don't want to take them myself I prefer them to give them to me."
- We looked at systems used to manage medicines and found they were safe. Medicines were stored and disposed of safely.
- Some people's medicines were used 'as and when required' to support people to manage their mental

health needs and behaviours. We found the use of these medicines was kept under regular review as recommended by the psychiatrists who were involved in supporting people's healthcare needs.

#### Preventing and controlling infection

- People were protected from the risk of infection. The home environment was clean and well maintained.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons and used these when supporting people with personal care or serving meals. One staff member said, "PPE is worn and always available, we use an eye shield if the person is prone to spitting."
- Regular audits were undertaken to ensure infection control policies and procedures were being followed.

#### Learning lessons when things go wrong

- Staff understood their responsibility to report incidents and accidents involving people living at Orchard House.
- Staff handover meetings took place to discuss any concerns and agree actions to reduce risk and keep people safe.
- Where incidents occurred, the nursing team and registered manager took action to reduce the risk of reoccurrence. For example, by reviewing care plans and risk assessments following incidents to ensure people were protected from harm.



# 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

- Assessments of people's needs were detailed and included information about their likes and dislikes. The assessments included screening tools for malnutrition, skin integrity, moving and handling and continence.
- Care plans were differentiated for the type and level of support required for a person when they were having a good day and days when more support was required.
- Staff understood people's needs well and had access to information about how to best support them.

Staff support: induction, training, skills and experience

- Staff told us they felt supported by the nursing and management team and received the training they required to meet people's needs.
- New staff received an induction to their role. One staff member said, "I had a three-day induction, the training was good, the e-learning was great. I shadowed shifts, I felt confident to join the team, I get a lot of support from the staff here. I love working here."
- Nursing staff told us they received regular clinical supervision.
- On the first day of our inspection some staff were involved in training about how to manage people's behaviours. This included using de-escalation techniques when people's behaviours may become a risk to either themselves or others. We observed some staff using this training during the inspection. Techniques used to manage people's behaviours were carried out with dignity and respect.

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

- People told us they received sufficient amounts of food and drink. One person told us, "I choose what I want to eat, if I don't like what is on the menu I can have something else."
- Staff give me hot drinks. I love to cook curry with [staff member], we cook curry with rice, I love it."
- Staff we spoke with were aware of people's likes and dislikes and people's diverse needs were considered in food preparation and menu planning. For example, staff were aware of how people's religious needs affected their diet and offered appropriate choices.
- Where people required a soft food diet, staff were aware and ensured food was prepared in a way which was safe for people.

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

- Some of the people we spoke with were able to share their views about the design of the service. One person told us, "I like to use the garden, but staff come with me outside in case I fall. I enjoy living here."
- In the large communal lounge staff were seen to be standing in the background in anticipation of there

being a need to intervene which left a feeling of unease. People were seated positioned in rows and were an arms distance apart. There was a busy walk way behind a long row of chairs meaning people were constantly walking behind seated residents which may have left them with a feeling of being uncomfortable.

- We discussed our concerns about the layout of the lounge with the registered and deputy managers. The registered manager was receptive to our concerns. They explained to us they had tried a number of different layouts which included grouping chairs together, so people sat in smaller clusters. The registered manager explained that people with higher support needs tended to use the main lounge and they wanted to ensure people had the freedom to move around when they wanted to. They told us the current arrangement enabled them to best manage people's needs which may, at times, put other people at risk.
- Quieter spaces were available for people to use, and we saw people spent time in these areas, outside in the garden and in their own rooms.

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

- People receive support to manage their healthcare needs.
- People had a record of visits from professionals. Assessment and guidance had been sought from a range of disciplines including speech and language therapy, physiotherapy, opticians, consultant psychiatrist and chiroprapist.
- People had attended outpatient appointments as appropriate to their needs.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew how the MCA and DoLS applied to their work. They asked people for their consent before they carried out any personal care and they offered people choices where possible. One staff member told us, "We always ask and get consent, if a person lacks capacity we would make a best interest decision. We talk to people about what is happening. It all about them."
- Some people we spoke with felt their lives were restricted as they were not able to leave the home on their own. However, this was due to their mental health needs and the potential risks of them being alone, without staff support. We found appropriate applications to the local authority meant that people's freedoms were not unlawfully restricted.
- There were key codes and locks throughout the home and we saw that where appropriate people were given codes, so their freedom was not unnecessarily restricted.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well treated by the staff who supported them. One person told us, "The staff are nice, they are fantastic, they are around all the time, I like that." Another person said, "The staff are wonderful...I am happy."
- Staff spoke about people with affection. We saw staff supported people with patience and ensured people were comfortable when they assisted them to move around.
- People were supported to maintain relationships with people who were important to them. We observed family members visiting people and staff welcomed them and knew them well.
- People were supported to participate in cultural or religious activities according to their preference. For example, holy communion was offered monthly by a member of the local community.

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

- People told us they were able to make decisions about their daily lives. One person said, "Staff listen to me, I do what I want, I join in activities if I want or not. I am happy."
- Staff gave people information to enable them to make their own choices. For example, we observed staff explaining the planned activity to a person, so they could decide about whether to participate.
- Where people had communication difficulties staff understood their needs and took time to explain things slowly and clearly to support the person's understanding.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence where possible. One person told us, "I help with the tuck trolley, go around asking if people want to buy anything, I like to wash up too."
- Where people preferred to spend time in their own rooms, their decision to do so was respected. However, one person we spoke with felt well-being checks were intrusive, as these were completed hourly. We shared these concerns with staff who explained they were necessary to ensure people's health and well-being. They told us the purpose of the checks had previously been explained to the person. They advised they would speak with the person and discuss whether these could be carried out in a manner more agreeable to the person.
- Staff shared examples with us of how they maintained people's dignity. One staff member said, "When helping someone with personal care we close curtains, use a dignity towel, talk to people and reassure them."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received care that was personalised to meet their individual needs. Staff were aware of people's individual preferences and tailored their care and support accordingly.
- Care records included information about people's life histories and staff we spoke with were aware of people's previous experiences and took these in to consideration when supporting them. For example, one staff member shared how they offered regular reassurance to one person who was known to be anxious. We observed this throughout the inspection.

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.

- Care plans included information about people's individual communication needs and how these should be met, including the need for hearing or visual communication aids. Care plans also included information about how some people who were unable to speak might communicate using specific behaviours or actions.
- Staff did not rush people when speaking with them and allowed them time to respond. This supported their communication needs.

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

- People told us they had opportunities to take part in activities that were relevant to them. One person told us they enjoyed reading the daily newspaper and others said they enjoyed watching football on the television. Where possible, people were supported by staff to visit places in the local area, which they told us they enjoyed. Another person told us staff were supporting them to visit relatives in another country.
- One person told us, "I like to cook, I do it once a week. We go to the cinema, the pub, we are going to Weston Super Mare on the train."
- There was a programme of activities supported by an activity coordinator who had consulted with people about how they would like to spend their time. Where people chose not to take part, or spend time alone, this choice was respected.
- On the first day of the inspection afternoon activities were provided by an external company. The activity was loud and involved a lot of shouting, which caused some people distress. We shared our concerns about this activity with the registered manager who took immediate action to address our concerns.

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

- People told us they knew how to raise a concern if they were unhappy with any aspect of their care. One person said, "I know how to make a complaint, although I've never had to. I see [name of registered manager] every day."
- The registered manager had a system in place for managing complaints. We reviewed records of complaints and found the registered manager had investigated any concerns and provided a response to the complaint.
- We found any complaints were taken seriously and used as an opportunity to make improvements where possible.

#### End of life care and support

- People were supported to make decisions about their preferences for end of life care and support. Where possible, staff involved people and their relatives in developing care and treatment plans.
- 'Thinking ahead' care plans were in place for people, which gave staff clear guidance about people's wishes for end of life care. These reflected people's cultural, religious and spiritual needs.
- There were no people receiving end of life care at the time of the inspection. However, we received positive feedback from external partner agencies who felt the standard of care provided to people at the end of their lives had been excellent.

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

- People felt able to approach the registered manager and the staff team. One person told us, "The staff are alright. I can talk to them."
- Staff spoke positively about the registered and deputy manager. One staff member told us, "I would not change anything, the manager is great they are approachable." Another staff member said, "I feel supported by the managers, they respond and give feedback."
- Staff told us they felt morale within the staff team was good and they worked together well.
- The registered manager shared with us how they worked to promote an inclusive service which enabled them to support people's complex needs and achieve good outcomes.
- People had the opportunity to express their views about the quality of service provided. Regular resident and relative forums were led by staff and records of these meeting reflected people had given feedback on activities, menu choices, general wellbeing and quality of care.

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 and staff team gave examples of learning when something had gone wrong or there had been near miss. They told us they tried to learn from incidents to reduce the risk of reoccurrence.
- The registered manager understood their responsibilities in this area and acted in line with duty of candour when things went wrong.

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

- The registered manager used a range of audits to identify any shortfalls in the quality of the service. Where improvements were identified, action plans were developed to ensure people continued to receive quality care.
- The registered manager understood the legal requirements to notify CQC of incidents of concern, safeguarding and deaths.
- The registered manager was aware of their obligation to display their rating given by the CQC. The rating from our previous inspection was displayed in the entrance to the home. This is important as it allows the people, relatives and the public to know how the service is performing.

#### Continuous learning and improving care

- Where feedback had been received that indicated improvements could be made, the registered manager developed action plans to give them oversight. This ensured they could monitor the improvements and ensure they were completed in a timely manner.
- The registered manager tracked incidents and falls within the home and identified any trends in relation to repeat events. This enabled them to make staffing and environmental decisions which may help to reduce incidents and protect people from harm.
- We received positive feedback from local partner agencies about the registered manager's commitment to drive improvement and share learning with other services.

#### Working in partnership with others

- The registered manager was involved in local provider forums and attended events organised by external agencies. They told us they were happy to share their learning with others and had been invited by other care homes to share their learning in relation to quality audits.
- The activities coordinator worked with staff from other local care homes to support the development of positive activities across the local area.
- Feedback provided by local agencies was positive about the registered manager's approach and indicated they were happy to work alongside others in an open and transparent way.