

R Sons (Homes) Limited

# Orchard House Residential Care Home

## Inspection report

155 Barton Road  
Barton Seagrave  
Kettering  
Northamptonshire  
NN15 6RT

Tel: 01536514604

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25 November 2020  
26 November 2020

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Orchard House Residential Care Home is a residential care home providing personal care to 27 people aged 65 and over at the time of the inspection. The service can support up to 33 people.

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

People were supported by a staff group who had been trained in safeguarding and understood how to safeguard vulnerable adults from avoidable harm and neglect.

People's individual risks were managed in a safe way and environmental risk assessments were completed appropriately.

The provider had enough staff with the right skills deployed to provide people with their commissioned care.

Medicines were safely managed. Medicines administration record (MAR) charts were accurately completed and medicines were safely administered. When people received their medicines 'as and when required' (PRN) the correct protocols were in place.

Comprehensive cleaning schedules were in place which supported staff to prevent and control infection.

The provider demonstrated that they learnt lessons when things went wrong and that they encouraged continuous improvements.

Quality control systems were effective in identifying issues within the service. When issues were identified during audits, the provider developed effective action plans to improve care and drive continuous learning.

Care records were person-centred and contained sufficient information about people's preferences, specific routines, their life history and interests.

People and their representatives were involved in the planning of their care and given opportunities to feedback on the service they received. People's views were acted upon.

The provider and management team had good links with the local communities within which people lived.

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 29 November 2018).

### Why we inspected

We received concerns in relation to negative interactions between people who use the service, manual handling practices and delays in seeking relevant medical intervention. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained as good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Orchard House Residential Care Home on our website at [www.cqc.org.uk](http://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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Orchard House Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 one inspector. An Expert by Experience contacted relatives of people who use the service via telephone following the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An assistant inspector contacted staff members via telephone following the inspection.

#### Service and service type

Orchard House Residential Care Home 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 inspection was unannounced; however, we spoke to the registered manager on the phone before

entering the service. This supported the home and us to manage any potential risks associated with Covid-19.

Inspection activity started on 25 November 2020 and ended on 26 November 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, such as notifications from the provider and information from the local authority and the public. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with seven relatives of people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, the maintenance officer and four care staff.

We reviewed a range of records. This included three people's care records and six people's medication records. We looked at four 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. We looked at a range of maintenance documents to support our judgements.

# 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

- Staff had undertaken training in safeguarding procedures and knew what action to take to protect people from harm and abuse. Staff had access to relevant guidance in the provider's safeguarding policy. One staff member told us, "The safeguarding policy is kept in the office. I would report any abuse or neglect or anything I'm not comfortable with to the registered manager. If I needed to take it higher, I would contact the Care Quality Commission (CQC)."
- People's relatives told us they felt people were safe. One relative told us, "I have always been impressed by how well staff know [name] which reassures me she is safe, matters to them and is well cared for." Another relative said, "I fully appreciate the steps staff have taken to keep [name] safe."
- The registered manager understood their role and responsibility in relation to safeguarding and had managed safeguarding concerns appropriately and promptly.

Assessing risk, safety monitoring and management

- Risk was managed effectively, and people's safety was monitored and managed appropriately. We saw comprehensive risk assessments across a range of areas, including fire evacuation, environmental risks, medicine administration, general housekeeping and Covid-19. All of these risk assessments had been reviewed within the last 12 months and contained a good level of information on the type of risks presented, the severity of the risk and ways in which staff could manage those risks in order to mitigate them.
- People's individual risks were appropriately identified and assessed. Staff were provided with clear guidance to manage people's risks. We saw comprehensive individual risk assessments that were personalised to each person, covering subjects such as manual handling, falls, behaviour and continence. Staff we spoke with knew about people's individual risks in detail and could tell us how risks were managed and monitored.

Staffing and recruitment

- There were enough staff with the right skills deployed to provide people with care at regular planned times and to respond to people when they needed care as and when. We saw staff were provided with extensive training and competencies were checked to ensure they had the relevant skills to care for people safely. One relative told us, "It is clear there are enough staff when you judge the level of care given." One staff member told us, "There is always an appropriate number of staff available and plenty of staff are willing to pick up extra shifts if necessary."
- The provider was committed to ensuring there were enough staff to meet people's needs. The service used a well-designed dependency tool to establish how many staff were required on shift to ensure that people were cared for safely. We saw staff rotas showed sufficient numbers of staff were being deployed across the service and on some occasions staffing hours exceeded the dependency tool's recommendation.

- Staff were recruited safely. Pre-employment checks were carried out when appointing a staff member. For example, a Disclosure and Barring Service (DBS) check and previous employer references were obtained. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed safely. We saw medicine administration record (MAR) charts were in place and had been completed accurately, showing people had received their medicines as prescribed. Medicine stock was checked into the service, stored and disposed of appropriately.
- When people were prescribed medicines 'as and when required' (PRN), the correct PRN protocols were in place to guide staff on when to administer these medicines. Staff recorded when and why they had administered PRN medicines in good detail. One staff member told us, "We have some non-verbal residents and have to look for signs of pain. One person would not be able to tell us when they are in pain, but we can tell by their facial expressions."
- Staff had received training in safe handling of medicines and their competencies were tested regularly. One staff member told us, "I've had the online training and have started a 'safe administration of medicines' course which I am working my way through."
- Regular audits were carried out to ensure correct procedures were followed by staff and any action required was identified promptly.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded, and the information collated and analysed and used to inform measures to prevent incidents reoccurring.
- Feedback was sought from people and their relatives and then this was acted upon and the outcome published in the notes from the residents and relatives' meetings.



# 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.

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

- The provider and registered manager performed quality monitoring of the service. There were regular audits of daily records, medicines, accidents and incidents. Information was analysed, trends and themes were identified, and actions were implemented to improve and change the service.
- Staff performance was monitored by supervisions and competency assessments. Staff felt supported and told us that the management team were approachable and fair. One staff member told us, "I do feel supported in my role. The registered manager is very supportive and if I don't know how to do something, I will ask her, and she will go through it step-by-step with me."

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

- People, relatives and staff said the management team was approachable and they felt supported by them. One staff member told us, "The registered manager is definitely one of the best managers I have had in a long time. She genuinely cares about the staff and the residents." One relative told us, "The registered manager is very friendly and always responds to my e-mails within 24 hours. She is visible, calm and organised. She is just very good all round."
- The management team worked with people to identify what they wanted and, where possible, invested in the service to achieve this. For example, we saw that the service had four summerhouses that were being used as a hairdresser, coffee shop and a post office with a sweet shop. People were asked what they would like the fourth summerhouse to be and chose a charity shop. Staff sourced items from local charity shops and from donations that people were then able to purchase. The money generated was used to purchase more items.

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

- We saw that people were involved in decisions about the service which impacted on them. People had regular meetings with the management team and were consulted about any potential changes to the service. We saw that people had been asked what they would like in the garden area and chose a bus shelter. The provider had a bus shelter built with a large fascia of an approaching bus so that residents could sit at the bus stop to have a chat.
- Relatives told us they felt involved in decisions about Orchard House Residential Care Home and that they felt engaged with the service. One relative told us, "They have set up a Facebook page with information so

families can see photos and activities that are taking place. I saw a video of [name] playing a board game. I wouldn't have expected them to make that effort."

- The management team worked with staff to identify improvements and address any issues they may have. One member of staff told us, "We have staff meetings once a month and are able to raise issues or make suggestions for improvements. Things do change as a result of our team meetings."
- People's equality characteristics were considered when sharing information, accessing care and activities. We saw that picture cards were used at mealtimes to allow people to make choices. We saw the use of translation software on tablets for people whose first language was not English. The registered manager was able to tell us how they would cater to people of different cultures and religions.

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 was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- The provider had implemented safeguarding and complaints policies and had made all staff aware of them. There were posters in the communal areas advising people of who to contact if they had concerns. Staff were able to tell us about the safeguarding and complaint processes and who they should contact if they had concerns.

Continuous learning and improving care

- The registered manager sought feedback from staff members, residents and relatives on a regular basis and acted on this information to improve the service. Staff told us lessons were learnt when issues were identified.
- The registered manager sought support and advice from the health professionals, Public Health England and the local authority when necessary.
- The registered manager demonstrated that they had learnt from past incidents and implemented measures to minimise the risk of re-occurrence.

Working in partnership with others

- The management team had established and maintained good links with local partners that would be of benefit to people who use the service, such as GP practices, district nurses, chiropodists, hairdressers and social work teams.