R Sons (Homes) Limited

Orchard House Residential Care Home

Inspection report

155 Barton Road
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Kettering
Northamptonshire
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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

Orchard House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Orchard House is registered to provide accommodation and personal care for up to 33 people. At the time of our inspection there were 24 people living in the home.

When we inspected on 28 September 2017 the service was rated as 'Requires Improvement'. We found that some improvements were required under the headings of safety, effectiveness, caring, and well-led.

This inspection was unannounced on the 15 October 2018 with a second announced visit on 17 October to conclude the inspection. We found the service to be 'Good' The provider had taken timely and appropriate action to put things right and all the required improvements had been made and were sustained.

There was a registered manager but they had applied to voluntarily cancel their registration and were no longer working at the home. A new manager had been appointed and was in post. They were applying to register with the Care Quality Commission (CQC) when we inspected. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service met all relevant fundamental standards related to staff recruitment, training and the care people received. Staff sought people's consent before providing any care and support. They were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation and adhered to good practice.

People's care was regularly reviewed with them and staff were appropriately deployed throughout the home so that people received the timely support they needed. They were cared for by staff that knew what was expected of them and the staff carried out their duties effectively. Staff were friendly, kind and compassionate. They had insight into people's capabilities and aspirations as well as their dependencies and need for support. They respected people's diverse individual preferences for the way they liked to receive their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People that needed support to manage their medicines received this. People were supported to eat and drink whenever this was part of their agreed plan of care. They were provided with a nutritious diet that took into account their tastes and preferences. Their dietary needs were assessed and monitored and appropriate external healthcare professionals, such as the dietician, were consulted when needed. Where

people needed physical assistance to eat and drink this was provided.

Whenever people reached the end of their life and could remain in the home with the support of healthcare professionals they received the care they needed to be kept comfortable and free from pain.

The provider and new manager led staff by example and enabled the staff team to deliver individualised care that achieved good outcomes for all people using the service.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and any improvements that were needed were acted upon.

There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong so that the quality of care across the service was improved.

People, relatives and staff were encouraged to provide feedback about the service and this was used to drive continuous improvement. The provider had quality assurance systems in place that were used to review all aspects of the service and drive improvements whenever needed.

People knew how to complain and were confident that if they had concerns these issues would be dealt with in a timely way.

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.

Staff were appropriately deployed throughout the home in sufficient numbers to meet people's needs in timely way.

There were individual risk management plans in place to protect and promote people's safety and these were acted upon. Infection control procedures were in place and adhered to by staff.

People were assured that appropriate action would be taken to protect them from harm. Staff were aware of the different types of abuse and how to report any they witnessed or suspected.

Is the service effective?

Good

The service was effective.

People received care from staff that had the training and acquired skills they needed to meet people's needs.

People received the support they needed to eat and drink and enjoy a varied and nutritious diet. People had access to community based healthcare professionals to ensure their needs were met.

The premises were appropriately adapted to meet people's needs and the living environment was kept clean and comfortable.

People's consent to care and support was sought in line with the principles of Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring

People's care and support took into account their individuality and their diverse needs. They were treated with kindness and respect by staff.

People were enabled to make choices about the way they received their care and staff respected people's preferences.

Staff ensured people's privacy and dignity was promoted when assisting them with their personal care.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service was well-led.

People's care and treatment was monitored by the quality assurance systems the provider had in place and timely action was taken to make improvements when necessary.

People were positive in their comments about the way their service was managed.

Staff felt supported by the provider and said they had the managerial guidance and support they needed to carry out their job.

Orchard House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection of the service was carried out by one inspector on the 15 October 2018 and there was a second announced visit on 17 October to conclude the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the previous report, information we held about the service and notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

During the inspection we met and spoke with the provider, the new manager, four care staff and five people that used the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records belonging to five people who used the service. We also looked at other information relation to the day-to-day management of the service. This included four staff recruitment and training records. We also looked at records relating to safeguarding, complaints and quality assurance monitoring of the service.

Good

Is the service safe?

Our findings

When we inspected on 28 September 2017, we found that improvements were required under 'safe'. This was because people's plans of care and risk assessments developed to maintain their safety had not always been consistently followed by staff.

At this inspection we found the necessary improvements had been made and were sustained in day-to-day practice. People's needs were regularly reviewed with them. As people's needs changed and emerging risks were identified appropriate action was taken.

People's risk assessments were included in their care plan and were updated to reflect changes and the actions that needed to be taken by staff to ensure people's continued safety. Risk assessments were in place and these provided staff with the information they needed to support people in a safe way. Where people's support needs had increased, their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how to mitigate people's risks to ensure people's continued safety.

The people we spoke with all said they felt safe at Orchard House. One person said, "I'm looked after here and they [staff] are always there to 'keep an eye on me' and make sure I'm okay." Another person said, "I get help whenever I need it and that makes me feel safe."

Staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they witnessed or suspected ill treatment or poor practice. Staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adults' team.

People's care needs were safely met by the availability of sufficient numbers of trained staff to support each person provided with a service. People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home.

Staff were appropriately recruited; for example, all staff had undergone a disclosure and Barring Service (DBS) check and references were obtained before they started working. The staff recruitment procedures explored gaps in employment histories, obtained written references and checked whether staff had any criminal convictions. Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

People that required support to take their medicines said that staff supported them to take them on time. Staff said they had received training in the safe handling and administration of medicines. Their competencies were assessed on a regular basis. The records we saw also confirmed this.

People were cared for and lived in a safe environment. They were protected from the risk of fire as regular fire safety checks and a suitable fire risk assessment were in place. There were environmental risk assessments in place and a list of emergency contact numbers was available to staff. Contingency plans

were in place in case the home needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation.

People were protected by the prevention and control of infection when staff supported them with personal care. There was a plentiful supply of gloves and aprons for staff to use and we saw that staff were mindful of washing their hands and followed good hygiene practices.

Lessons had been learned and improvements were made when things had gone wrong. The staff understood their responsibilities to report accidents and incidents, and raise any concerns in relation to people's health and well-being.

Good

Is the service effective?

Our findings

When we inspected on 28 September 2017 we found that improvements were required under 'effective'. This was because staff had not always received the supervision they needed to ensure their competence was maintained and that they had applied their training competently. This was a breach of Regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. We had also found that the provider needed to review people's mealtime experience to ensure that this was positive.

At this inspection we found the necessary improvements had been made and were sustained in day-to-day practice. People's needs were met by staff that were effectively supervised over time and had their job performance appropriately appraised to assess their competencies, for example in moving and handling skills and managing medicines. New staff had received a comprehensive induction that prepared them for their duties and they put this into practice. Staff had the skills, knowledge and experience to deliver effective care and support. They enabled people to retain as much independence as they were capable of whilst receiving the care they needed. A staff member said, "We get refresher training and the manager checks to make sure we've taken it in and do things the right way."

People's mealtime experience had improved since we last inspected. We saw that people were supported to move to the dining room and did not have to wait long before their meal was served. There were sufficient numbers of staff to support everyone to eat their main meal at the same time. The care plans had information about the level of support people needed; including, where agreed, support required with eating and drinking. Staff had received appropriate food handling and hygiene training. The new manager had also worked with the provider to effectively enhance people's experience of mealtimes by improving the dining room environment with new décor and furnishings.

Staff took appropriate action in response to any deterioration in people's health. We saw there was guidance and information for staff in people's care plans that related to any healthcare needs that had to be considered when they received support.

Records showed that people's needs and choices were assessed prior to their admission to the home to ensure their needs could be fully met. The assessment established, for example, people's physical needs and capabilities, and ensured that any cultural factors were considered regarding people's preferences for how they preferred their care provided.

People's support was provided in line with current legislation, standards and evidence-based guidance to achieve effective outcomes.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they were. MCA provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The staff team were aware of their responsibilities under the MCA and DoLS codes of practice. Care plans contained assessments of people's capacity to make decisions and recorded when 'best interest' decisions had been made. The provider had followed the legal process when applying for DoLS authorisations to place restrictions on people's freedom to keep them safe.

Appropriate plans of care were in place to ensure that people's care and support needs were met in the least restrictive way and these were followed by staff. Staff sought people's consent before carrying out any care and we saw this promoted in the care plans we looked at. One person said, "They [staff] always ask if I mind them giving me a helping hand to do things."

The premises were suitable for the people living there, with appropriate and effective adaptations and equipment in place. The décor was in keeping with a comfortable living environment as were the soft furnishings in the communal areas of the home.

Good

Is the service caring?

Our findings

When we inspected on 28 September 2017 we found that improvements were required under 'caring'. This was because staff had not always respected people's privacy as we had seen staff entering people's bedrooms without knocking.

At this inspection we found that staff were mindful of this courtesy and respect for people's right to privacy. One person said, "They [staff] don't just barge into my room. They always tap on the door first and listen out for me asking them to come in." A staff member said, "I wouldn't like it if someone just assumed they could come in to my room without asking. If I see someone forget to knock and wait I always 'pick them up' on that, but it doesn't happen much and if it does they [the staff member] always apologises. It's their [the service user's] home and we respect that."

The people we spoke with said the staff were kind and considerate. One person said, "I can't fault them [staff]. Always nice. Lovely, all of them."

People were relaxed in the company of staff and clearly felt comfortable in their presence. We heard staff initiate conversations, take time to chat with people and talk with them in a friendly way. Staff were interested in what people had to say and showed that by their relaxed demeanour and in the positive responses they gave when asked a question.

People were encouraged to express their views and to make choices in relation to their care and support. There was detailed information in people's care plans about what they liked to do for themselves. People's feedback about their care and support was actively sought.

People's dignity was protected by staff. They said their personal care support was discreetly managed by staff. One person said, "It's not easy to have them [staff] help me wash, but I struggle so I need help. They [staff] make sure I'm covered up so I don't get embarrassed."

People also said that staff explained what they were doing to help them. One person said, "If I need a bit of help they tell me how they can give me the help I need. I'm a bit deaf so they are really patient and let me take my time."

People were encouraged to express their views and to make choices in relation to their care and support. There was information in people's care plans about what they liked to do for themselves. This included details of what was important to them.

People's faith, personal beliefs and culture were considered by staff providing their care. For example, people who required support to worship according to their faith received the support they needed to do so. Religious services were also held in the home and people could attend these should they wish to.

People's feedback about their care and support was actively sought through regular questionaries' and staff

actively drawing people into conversations and seeking their views about their experiences. A monthly 'newsletter' has been introduced to keep people informed about what was going on in the home, such as diary dates for events for people to look forward to and special occasions like birthdays.

Good

Is the service responsive?

Our findings

We found that staff worked well as a team to promote activities and ensure that staff deployed to manage an activity could spend the necessary amount of time needed to see it through to completion.

A new activities coordinator had been employed and we saw a group people thoroughly enjoying participating in craft work. One person said, "She [the activity coordinator] is a real 'gem'." Another person said, "If I want to I can join in. There's always something to do." Some of the activities being planned included external singers coming in to entertain people, 'pumpkin carving' for Halloween, a Bonfire Night tea party, and a 'heroes' celebration with wartime songs and films planned for Armistice Day.

People's ability to do things for themselves was assessed prior to their admission. We saw that people had detailed plans of care in place that were reflective of their care and support needs. People received the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period as people's dependency needs changed. Their preferences for how they wished to receive their care, as well as their history, interests and cultural and spiritual beliefs were taken into consideration when their care plan was agreed with them or their representatives.

People that were able to make decisions about their care had been involved in planning and reviewing their care. If a person's ability to share their views had been compromised then significant others, such as family members, were consulted.

People's care plans covered all aspects of a person's individual needs, circumstances and requirements. This included details of the personal care required, duties and tasks to be undertaken by staff, and risk assessments. This information enabled staff to provide consistent and appropriate care. Staff were knowledgeable about end of life care and what was needed to be put in place to keep people comfortable and free from pain or anxiety.

Staff looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw, for example, appropriate signage throughout the premises to guide and orientate people. Written information about the service was made available in large print, or colourful pictures, and if needed information could be made available in the person's first language if this was not English.

People, or their representatives, were provided with the verbal and written information they needed about what do, and who they could speak with, if they had a complaint. When we inspected, there were no new complaints that had been made. We saw from records that when any complaints were made, then the service's complaints procedure was followed. There were timescales in place to respond to complaints and people were provided with details of the action taken as well as the outcome. There was information

available for people to enable them to take their complaint further if they were dissatisfied with the action taken.

The provider sought people's feedback and took action to address any issues raised about people's experiences of their care. The provider also used annual questionnaires to gather feedback from people, their relatives and other professionals so that improvements could be made on an ongoing basis.

Good

Is the service well-led?

Our findings

When we inspected on 28 September 2017 we found that improvements were required under 'well-led'. This was because there had not always been a systematic approach in place to consistently audit records relating to plans of care, staff supervision meetings, and training matters. This was judged to be a breach of Regulation 17 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the necessary quality assurance audits had been made and were sustained. These audits included, for example, checking that staff were adhering to good practice guidelines and following the procedures put in place by the provider to protect people from poor care. We saw that the identified records had been audited, with, for example, individual supervision meetings scheduled for staff so that they received the person-centred support they each needed. Staff understood their responsibilities and they received support through day-to-day contact with the manager and senior staff.

When we last inspected we acknowledged that the provider had introduced an electronic system for recording people's care plans and daily records, and accidents and incidents. The provider said this would enable staff to have oversight of people's care and to take timely action in response to any concerns. The provider had purchased 'tablets' for staff to input their observations and records throughout their shift in real time to provide a contemporaneous record of people's care. We saw on this inspection that this system was being used to improve the quality of day-to-day record keeping regarding people's care and support and was a useful new tool available to staff. Written records were also being kept ensuring that additional 'checks and balances' were kept in place as an additional protective measure and source of information.

Staff had formal 'one-to-one' supervision meetings with the registered manager or deputy manager to discuss and appraise their work. The staff felt able to voice any concerns or issues and felt their opinions and ideas for improvements were listened to. Staff could demonstrate their understanding of policies which underpinned their job role, such as safeguarding and whistleblowing. They could explain the process that they would follow if they needed to raise concerns outside of the service.

Records relating to staff recruitment and training were appropriately kept. A training overview record had been created and the training needs for each member of staff had been monitored and acted upon to keep staff up-to-date with training. Plans of care had been reviewed and reflected the changing needs of people and provided staff with the guidance and information they needed to meet each person's needs.

People's care records were accurate and up-to-date, reflecting the care that had been agreed with them at the outset and subsequently whenever their care needs had been reviewed with them. Routine reviews were carried out on a regular basis. Care records accurately reflected the daily care people received in the home.

An 'open culture' within the staff team encouraged communication and learning. A staff member said, "The new manager is very supportive and approachable."

Staff meetings took place to inform staff of any changes and for staff to contribute their views on how the

service was being run. The content of staff meeting minutes demonstrated an open culture, with discussions about people's need for social stimulation and activity, people's support needs and health and safety.

Policies and procedures to guide staff were in place and had been updated when required.