

AMAFHH Healthcare Limited

Quorn Orchards Care Home

Inspection report

11 School Lane
Quorn
Loughborough
Leicestershire
LE12 8BL

Tel: 01509413094

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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

Quorn Orchards Care Home is a residential care home providing accommodation and personal care for up to 30 people aged 65 and over. At the time of the inspection 24 people were living at the service.

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

People were safe and well cared for. Staff provided support with empathy and compassion and knew people well. There were good relationships between people and staff, and the atmosphere in the service was warm and calming.

People were protected from the risk of avoidable harm. The environment was a safe place for people to live and risks to their health were managed well. People were protected from the risk of infection and received their medicines when they needed them.

Staff were trained and were supported to fulfil their roles. People could be assured they were cared for by staff who had been recruited using safe recruitment procedures.

People were supported to eat and drink enough, and staff supported people to live healthier lives and access healthcare services.

People and relatives, where appropriate, were involved in their care and support. Care plans reflected people's individual needs and conscientious staff protected their privacy and dignity.

There were effective systems in place to manage the quality of the service and actions taken when things went wrong. People and staff were confident if they had a complaint they would be listened to.

The provider had plans to improve the décor and presentation of the service and an activities programme was implemented during the inspection.

The registered manager was open, honest and routinely consulted people about their views of the service.

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.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (published 09 January 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show

what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 Quorn Orchards Care Home on our website at www.cqc.org.uk.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Quorn Orchards 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.

Inspection team

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

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

Service and service type

Quorn Orchards 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 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. Inspection activity started on 30 September 2019 and ended on 01 October 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. 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 seven people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, senior care workers, care workers, the chef and the maintenance person.

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

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 requires improvement. At this inspection this key question has improved to a rating of good.

This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to have robust systems and processes in place to prevent abuse or identify and report abuse or improper treatment. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. Two people told us, "They [staff] look after me very well." Another person told us, "Absolutely, you couldn't wish for more." Relatives also felt their family members were safe. One said, "He's safe here, the care is good. Another said, "She's definitely safe here."
- The registered manager reported all potential signs of abuse to the relevant organisations including the care quality commission and the local authority safeguarding team. Records reviewed confirmed this.
- Staff we spoke with clearly identified what the signs of abuse were and knew how to respond and who to report their concerns to. One said, "I saw a bruise on a person's arm a while ago. I filled out an incident report, a body map and informed the manager straight away."
- Staff were trained in safeguarding procedures. Information was clearly displayed in the staff room of the procedures to follow if they had any concerns.

At our last inspection the provider did not assess the risks to people's health and safety, ensure there were enough staff to meet people's needs, follow infection control and safe medicines procedures. This constitutes a breach of regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

Assessing risk, safety monitoring and management

- Following our last inspection improvements to the safety of the environment to protect people from harm had been completed. For example, hot water temperatures were now within health and safety guidelines, hot water pipes and radiators were covered, access to rooms such as kitchens and cupboards were secured and all recommendations from a fire risk assessment were fully embedded.
- The assessment and monitoring of risk promoted people's safety. Risks associated with people's care, support and environment had been assessed, and were monitored effectively. Records provided guidance to staff on the measures needed to reduce potential risk. For example, people who required assistance with their mobility were supported safely by staff trained in moving and handling techniques and used equipment people had been assessed to require.

- People had evacuation plans in place in case of emergency. The registered manager told us, "We have regular fire drills to make sure we can continue supporting everyone out of the building safely."

Staffing and recruitment

- There were enough staff to meet people's needs. People were individually assessed for the level of support they needed. When people needed assistance, staff were readily available to meet their needs in a timely manner.
- People were cared for by a consistent staff team. Our observations confirmed people and staff knew each other well and staff told us they were comfortable in seeking additional support from the registered manager should they need it. The provider did not use agency staff and there were no vacancies.
- There was a robust recruitment policy so, as far as possible, only staff with the right character and experience were employed. Disclosure and barring service (DBS) security checks and references were obtained before new staff started. These checks help employers to make safer recruitment decisions.

Using medicines safely

- We observed staff supported people to take their medicines when they needed them. One person told us, "They give me my medication at the right times."
- Staff were trained in the safe administration of medication. One member of staff told us they had received their training from an accredited organisation. They added the registered manager regularly spot checked them to ensure they continued to support people with their medicine's safely.
- Medicines were stored safely. The service had audits and monitoring processes in place to support the safe administration of medicines. However, a recent audit had identified the reason for administering 'as and when required medication' was not always documented. When we discussed this with the provider and registered manager they confirmed a system to ensure this was consistently recorded had been implemented following the audit. We were able to confirm this during our inspection.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Concerns were raised at the last inspection over the cleanliness of people's rooms and bedding. We observed rooms were clean and tidy, free from odour and staff followed a cleaning schedule to maintain cleanliness around the premises.
- Staff had undertaken training in infection control and knew the importance of protecting people from the risk of infection.
- Staff followed good practice guidelines, including washing their hands and wearing personal protective equipment. During our inspection a soap dispenser was being replaced as it had been identified as faulty.

Learning lessons when things go wrong

- The registered manager and provider had learnt lessons from the concerns raised at our last inspection. They had brought about significant improvements to protect people's safety, address the environmental risks to people and implemented checks and audits to maintain these improvements.

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 requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider did not ensure people's needs were assessed before admission to the home to ensure the service could meet their needs. This constitutes a breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before they came to the service to ensure they could be met. Where people had been referred to the service from organisations such as the local authority their assessment of a person's needs was fully considered to support the service's own assessment process.
- Assessments had been completed with the person, or where appropriate, with their family. Where a representative supported a person, we saw they were involved in the assessment process.
- People's life history had been fully explored so people received care and support how they wished. Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had.

Staff support: induction, training, skills and experience

- People were cared for by trained, competent staff who had the skills and knowledge to provide the care people needed to meet their needs.
- A comprehensive training and induction programme was in place. The registered manager undertook regular competency checks to ensure practice continued to be delivered safely. Staff worked alongside experience colleagues until assessed as competent themselves.
- Staff were supported through regular supervisions and yearly appraisals. The registered manager worked alongside staff when needed, which ensured they had a good knowledge and understanding of people's needs.

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

- People's nutritional needs were met, and their preferences considered. People assessed to require their diet to be monitored was safely managed. The chef told us, "I know each person's dietary needs. I follow the recommendations of the speech and language team (SALT). If I have a concern I discuss with the staff whether there may be a need for a person to be reassessed. The system we have here works well."
- Staff understood people's nutritional needs and followed guidelines by health professionals. People's weight was monitored and recorded in their care files.

- We saw people's food was presented according to their assessed needs. People were enjoying their meals and staff supported them when they needed it. People had access to drinks and snacks when they needed them.
- One relative told us, "My [family member] has never eaten so well."

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

- Staff worked with other agencies such as the local authority and healthcare professionals. A local G.P. practice supported the home and staff felt confident people could receive timely treatment when they needed it. We spoke with a visiting district nurse who was happy with how staff followed their recommendations and sought guidance when needed.
- Staff were aware of people's health needs so any deterioration in health could be identified promptly.
- Staff discussed people's health during their handover from one shift to another. This meant people's health was closely monitored.
- Care records showed when people had appointments and any treatment this was documented and communicated to staff.

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

- People had safe access to all areas of the home and communal areas. Since our last inspection appropriate signage and colour coding of doors had been completed to support people with dementia to orientate themselves safely around the home. Murals in corridors had enhanced the homeliness of the service and people made positive comments about them.
- People's rooms were well presented and personalised with their possessions and memorabilia.
- The provider told us plans were in place to improve the décor and furnishings of the home.

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. We saw they were.

- People's mental capacity had been assessed and where people had been assessed as lacking capacity to make certain decisions we saw best interest decisions had been made and recorded. Professionals, family and other interested parties had been consulted.
- The registered manager had sought the appropriate authorisation and where conditions had been made these were being met.
- Staff sought people's consent and understood the principles of the MCA. For example, one member of

staff said "I don't force care on to anyone. I always ask first and if they would like someone else to provide it or want it later then it's fine, it's their choice."

- One relative said, "They [staff] always ask permission, even with the food which is excellent."

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 requires improvement. At this inspection this key question has improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

During our last inspection the provider did not ensure people's care met their needs. This constituted a breach of regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they were cared for by staff who were kind, caring and compassionate. We saw numerous examples of warm and tender interactions between them. Staff knew people well and there was a genuine connection with people. One staff member told us, "I do my job with the passion and desire to support people how I would like to be treated."
- Staff were patient, had time to support and talk to people, and there was a relaxed atmosphere in the home. Staff responded to people timely and appropriately when they needed it. For example, one person who had become distressed was immediately comforted by a staff member with gentle touch which reduced the person's anxiety. One staff member was aware a person needed the toilet. They spoke and supported the person discreetly so not to draw others attention.
- People, and where appropriate, their relatives were involved in making decisions about their care and day to day lives. People and their relatives were involved in developing and reviewing their care plans. One relative told us, "They [staff] always call my [family member] by their chosen name."
- Care plans contained information about people and instruction to staff about the things important to them and, the way they preferred to be supported. For example, one person's care plan detailed when they liked to get up, where they liked their meals and what music they preferred. A staff member we asked was able to confirm they knew these preferences.
- The registered manager was aware of the requirement to involve an advocate if someone had difficulty speaking for themselves. There was information about local advocacy services available to people. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. All the staff we spoke with told us, knocking on people's doors, closing curtains whilst performing personal care and protecting people's confidential information was a crucial part of their role.

- One relative said, "They always respect my [family member's] privacy. They look after [named person] well, know their behaviours and manage them in a nice way."
- One person who was usually mobile had chosen to stay in bed for the day. A staff member told us, "[person] sometimes decides they don't want to get up, so we respect it. We always keep an eye out and pop in regularly though."

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 requires improvement. At this inspection this key question has improved to good.

This meant people's needs were met through good organisation and delivery.

During our last inspection the provider did not ensure there were adequate resources to provide care that met people's needs and preferences nor had systems in place to identify, receive, record or act upon complaints. This constituted a breach of regulations 9 and 16 respectively, of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9 and 16.

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 had little opportunity for occupation or activity during the day with the current deployment of activity staff. When we discussed this with the provider immediate action was taken. The activities coordinator from the local sister service was deployed. This meant people immediately had access to activities five days per week. Following the inspection, the registered manager confirmed these arrangements were fully embedded and people had been consulted regarding their choice and preferences of activity. A copy of the activity timetable and rota was provided to the inspection team.
- Staff had time to sit and talk with people during the day. For example, we saw one member of staff sat colouring with a person, another member of staff reading a newspaper and a further person discussing their favourite music.
- All of the visitors we spoke with told us they could visit at any time and staff and managers were always welcoming. Staff knew people's visitor's well and people's relationships with their family were promoted.
- The registered manager was aware of the importance of people's friendships. Two people told us, "The manager has provided us with a room where we can sit together, chat, read papers and watch television together. The manager is good to us. They really care about us here."

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

- Following our previous inspection improvements had been made to care plan documentation to ensure people's needs and preferences were fully considered.
- People received their care as planned. Care plans were detailed and personalised providing staff with the information they needed to support people safely according to their needs. They contained people's life histories, hobbies and interests and considered any cultural and religious needs.
- People were involved in the planning of their care and when it was reviewed. People and relatives told us staff knew them well and they held positive views about the care and treatment provided.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place and on display in the home. Records showed where complaints had been made actions were taken to resolve them.
- All of the people we spoke with had confidence the registered manager would take their concerns seriously. A visiting professional told us, "This is a lovely home unlike others I have visited. The manager is approachable, listens and acts if concerns are noted."
- The registered manager was a visible presence in the home and was actively involved with people, staff and the events within the service during the inspection. This meant any issues could be addressed promptly.

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.

- People's communication needs were identified so information could be provided in a way people could understand. Information was readily available in different formats to support people with choices and preferences.
- One person's care plan stated they preferred to communicate by two different means. During the inspection we noted staff continually communicating with the person as they preferred.

End of life care and support

- Whilst no one was receiving end of life care at the time of our inspection care plans provided opportunity for discussion and arrangements for end of life care to be made according to people's wishes.
- When we reviewed historic care files we saw how one person had their wishes met at the end of their life as they had asked for. The person's relative had complimented the service. They said, "My [family member] could not have wished for kinder, caring or more thoughtful staff at the end of life."
- When a person had passed away and, with the consent of relatives, the registered manager placed a candlelit photo of the person in reception as a mark of respect. People and staff said this a nice way of announcing a person who had passed away.

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 requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

During our last inspection the provider did not notify CQC of specific incidents that had occurred in the service. This constituted a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Our last inspection also identified the provider did not have systems and processes in place to assess, monitor and improve the health and safety of people using the home. This constituted in a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18 and 17.

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, and they had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.
- The registered manager notified CQC and local authorities of events and incidents they were required to by law and worked collaboratively with them.
- Records of accident and incidents were maintained and actions taken shared with staff to reduce the likelihood of any recurrence.

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

- There were robust systems in place to monitor the quality of the service. A new comprehensive audit process had been introduced and where shortfalls were identified actions were taken.
- A recent audit identified staff were not always completing a chart for when people were administered 'as and when required' medicine. The registered manager introduced an additional measure for staff during medicine rounds and discussed with staff during a team meeting and individual supervisions the importance of this. This meant the standards and quality of the service were being managed effectively.
- The registered manager carried out spot checks of the service during the evenings and weekends to ensure the standards of care were always to the same standard. One staff member told us, "We like it when they turn up unannounced because we know we do the same thing as when they are on here."

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

outcomes for people

- There was a culture of openness in the service and people were encouraged to share their views.
- People and their relatives said the service was well managed, staff were patient and kind and trusted they would receive good care. Everyone we spoke with said they were confident any problems or complaints would be addressed by the management and staff.
- Staff felt supported by the manager who deployed an 'open door' policy for providing support and guidance when needed.

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

- Observations confirmed the registered manager and staff valued and respected people's opinions and there was a connection with them. People were at ease with staff and there was good dialogue between them. The registered manager held a presence within communal areas and was happy for people to approach her at any time.
- The service contacted relatives weekly to provide feedback on their loved one's health. This also provided opportunity for them to give feedback or raise concerns. The registered manager told us they preferred this method of contact rather than surveys and questionnaires.
- Staff were encouraged to share their views about all aspects of the service and felt listened to when they did. Regular team meetings and individual supervisions were also held. One staff member told us, "In meetings we talk about how we are working together, give our opinions and make suggestions. A suggestion I made about the wall art in corridors was considered when the improvements to the home were being made."
- The service had good links with the local community. People had opportunity to attend a church service, local restaurant and during the summer fetes were held. The service was also visited by a local choir group.

Continuous learning and improving care

- Since our last inspection, the registered manager joined the East Midlands Care Association (EMCARE). EMCARE supports providers to keep up to date with changing legislation, offers advice and guidance on a range of social care issues together with opportunities for providers to share best practice.
- The registered manager told us EMCARE's best practice and guidance with care plan design had enabled her to develop people's care plans to be person centred and to include all aspects of a person's life and history. One staff member told us, "Care plans are a lot more detailed in the areas they need to be and far easier to understand."

Working in partnership with others

- The registered manager worked in partnership with other agencies, such as the GP and local authority to ensure people received joined-up care.
- We received positive feedback about the service when we consulted with the local authority about the quality of the service. They told us improvements had been made at the service during the last 12 months and they had confidence in the registered manager and provider.