Orchard Care (South West) Limited

Restgarth

Inspection report

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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

We carried out an unannounced comprehensive inspection of Restgarth on 2 and 3 January 2019. Restgarth is a 'care home' that provides care for a maximum of 30 adults. 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.

At the time of the inspection there were 27 people living at the service, some of whom were living with dementia. The accommodation is over three floors with spacious shared lounges and a dining room. The upper floors are accessed either by a passenger lift or two sets of stairs, one of which is fitted with a stair lift. There are also well-maintained gardens which are accessible to people.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We spent time during the inspection in the shared lounges and dining room observing and talking with people. There was a calm and relaxed atmosphere at the service. People and staff welcomed us into the service and were happy talk to us about their views of living and working there.

People received care and support that met their needs because staff had the skills and knowledge to provide responsive and personalised care. People, and their relatives, told us they were happy with the care they received and believed it was a safe environment. Comments included, "Very happy indeed", "Can't fault the staff", "No problems" and "There's no barriers, it's home."

Care plans contained personalised information about people's individual needs and wishes. People were involved in the planning and reviewing of their care. These care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted.

Incidents and accidents were logged, robustly investigated and action taken to keep people safe. Risks were clearly identified and included guidance for staff on the actions they should take to minimise any risk of harm. Risk assessments were kept under review and were relevant to the care provided.

Safe arrangements were in place for the storing and administration of medicines. People were supported to access to healthcare services such as occupational therapists, GPs, chiropodists, community nurses and dentists. Staff enabled people to eat a healthy and varied diet. People told us they enjoyed their meals and there were ample choices on offer.

People were able to take part in a range of group and individual activities. An activities co-ordinator was in post who arranged regular events and outings for people. These included; bingo, film afternoons, arts and

crafts, quizzes and history talks. In addition, external entertainers regularly visited such as singers, musicians and church services. Staff supported people to keep in touch with family and friends and people told us their friends and family were able to visit at any time.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and the policies and systems in the service supported this practice.

There were sufficient numbers of suitably qualified staff on duty to meet people's needs in a timely manner. Staff knew how to recognise and report the signs of abuse. Staff were supported to develop the necessary skills to carry out their roles through a system of induction, training, supervision and staff meetings. New staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong and supportive leadership. People, their families and healthcare professionals were all positive about the management of the service and told us they thought the service was well run.

Details of the complaints procedure were displayed in the service and people and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Restgarth

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 took place on 2 and 3 January 2019. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight people and two visiting relatives. We checked the premises and observed care practices during our visit. We also spoke with the registered manager, the care co-ordinator, the administrator, the activities co-ordinator and four care staff. On the second day of the inspection we met with the registered provider who was present when we gave the initial feedback about the inspection to the registered manager.

We looked at four people's care plans and associated records, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. After the inspection we received feedback from a healthcare professional.

Good

Is the service safe?

Our findings

People and their relatives told us they were happy with the care they received and believed it was a safe environment. Comments included, "I feel at home here", "I feel safe.", "It's like home" and "I feel she is safe in here."

The service had policies and procedures in place to minimise the potential risk of abuse or unsafe care. Staff were confident of the action to take if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received training in safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the area. They told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There was an equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

The service held personal money for some people and this was managed by the administrator. People were able to access this money to purchase personal items and to pay for hairdressing and chiropody appointments. We made a sample check of records and monies held and found these to be correct. Where people chose to hold and manage their own money lockable cabinets were available for people to use in their bedrooms.

Risk assessments were in place for each person for a range of circumstances including moving and handling, nutritional needs, weight loss and the risk of falls. Where a risk had been identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe. Any identified risks were well managed and kept under regular review.

Incidents and accidents were recorded and analysed so lessons could be learnt from events. Investigations were well documented and care staff were involved in these so they could directly contribute to and learn from the outcomes. Care records were accurate, complete, legible and contained details of people's current needs and wishes. They were accessible to staff and visiting professionals when required.

There were safe and robust recruitment processes in place to ensure only staff with the appropriate skills and knowledge were employed. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment.

There were enough suitably qualified staff on duty to meet the needs of people who lived at the service. A dependency tool was used to determine staffing levels, which assessed each person across a range of different needs. This assessment was updated as people's needs and the number of people living at the service changed. Records showed staffing levels were in line with the dependency tool. Staff told us that some people's needs could vary from day-to-day and sometimes this meant additional staff were needed at

key times of the day. Management had responded to this by being available to assist care staff and by adding an extra member of staff in the evening to work with night staff.

People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people's needs. People had a call bell in their rooms to call staff if they required any assistance. Throughout the inspection we saw people received care and support in a timely manner and call bells were quickly answered.

Medicines were managed safely. Medicines had been checked on receipt into the service, given as prescribed and stored and disposed of correctly. The service used an electronic system to record people's prescribed medicines and when they were administered. Staff were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before marking the electronic system to show the medicine had been given.

Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use. The service held some medicines that required cold storage and there was a medicine refrigerator at the service. Records showed the medicine refrigerator temperatures were monitored. There were auditing systems in place to carry out weekly and monthly checks of medicines.

The environment was clean, odour free and well maintained. Hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately where required. There were suitable facilities to store cleaning materials when not in use.

All necessary safety checks and tests had been completed by appropriately skilled contractors. There were smoke detectors and fire extinguishers in the premises. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills.

Good

Is the service effective?

Our findings

People's need and choices were assessed before moving into the service. This helped ensure people's wishes and expectations could be met by the service. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination in the way they provided care for people.

Staff supported people to access healthcare services such as occupational therapists, GPs, chiropodists, district nurses and opticians. A GP from the local practice visited every week to carry out checks of people's health needs. This helped to ensure people's health needs were met. People and visitors told us they were confident that a doctor or other health professional would be called if necessary. Comments included, "They get the doctor if I need one", "They have arranged for a physio to come in to assess my father" and "The doctor visits regularly."

When specific instructions were given by external professional's guidance was written in individual's care plans so staff knew how to provide the right care for people. This helped to ensure people's health conditions were well managed and staff could provide consistent care.
A healthcare professional told us, "Restgarth took someone with very complex behaviours, Restgarth embraced this and have managed her well making improvements with her behaviour and integrating her with other residents, which she is enjoying greatly. "

Where people had been assessed as being at risk of losing weight their weight was regularly checked and appropriate action taken should the person's weight change. When people were assessed as needing to have specific aspects of their care monitored staff completed records to show when people were re-positioned, their skin was checked or their food and fluid intake was measured. These records had been consistently completed, analysed by senior staff, and action taken when potential concerns were identified.

People were supported to eat a healthy and varied diet. Drinks were provided throughout the day of the inspection and at the lunch tables. People who stayed in their bedrooms all had access to drinks. We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. There was an unrushed and relaxed atmosphere and people talked with each other, and with staff. Comments from people about their meals included, "The food is hot and good and nourishing with enough choice", "The food is very good and there's plenty of snacks and drinks" and "The food is pretty good. It meets my needs."

The management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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. The service knew who had appointed lasting powers of attorney, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves. Where people lacked capacity, and no one was appointed to legally act on their behalf, the service ensured appropriate best interest processes were carried out.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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. Applications for DoLS authorisations had been made to the local authority appropriately.

People were supported to have maximum choice and control of their lives and the service's policies and systems were designed to help staff provide support in the least restrictive way possible. We observed throughout the inspection that staff asked for people's consent before providing assistance. People made their own decisions about how they wanted to live their life and spend their time.

Staff were supported in their roles by a system of induction, training, one-to-one supervision and appraisals. A manager met regularly with staff for one-to-one supervision meetings and annual appraisals. These were an opportunity to discuss working practices and raise any concerns or training needs. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. Training identified as necessary for the service was updated regularly. This included safeguarding, mental capacity, equality and diversity and dementia awareness.

The induction of new members of staff was effective and incorporated the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. This induction included completing training in areas identified as necessary for the role and becoming familiar with the service's policies and procedures and working practices. New staff also spent a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported.

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair access and there was a stair lift and a passenger lift to gain access to the first and second floors.

Good

Is the service caring?

Our findings

We spent time during the inspection in the shared lounges and dining room observing and talking with people. There was a calm and relaxed atmosphere at the service. People and staff welcomed us into the service and were happy talk to us about their views of living and working there.

People spoke positively about staff and their caring attitude and told us staff treated them with kindness and compassion. It was clear that people had developed trusting and supportive relationships with staff. Comments from people and their relatives included, "The staff are so gentle and kind", "It has a lovely, 'non-school' atmosphere", "I feel support is there for me", "I love their encouragement and their smiles" and "Staff have impressed me with their commitment to try and get my father mobile again after being in hospital."

The interactions between people and staff we saw throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care and support for people. They took the time to speak with people as they assisted them and we observed many positive interactions that supported people's wellbeing and respected their dignity.

Staff were clearly passionate about their work and were motivated to provide as good a service as possible for people. Comments from staff included, "I love working here", "I enjoy the job" and "We have developed really good ways of working with people."

People were supported by staff to make choices about their daily lives. Care plans detailed people's choices and preferred routines for assistance with their personal care and daily living. People told us they were able to get up in the morning and go to bed at night when they wished to. We saw people moved freely around the premises choosing to spend time in shared areas or their own room. Staff supported people, who needed assistance, to move to different areas as they requested. Staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Care plans contained information about people's life histories and backgrounds. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives and used this knowledge to help them engage meaningfully with people.

We saw that people's privacy was respected. Staff knocked on bedroom doors and waited for a response before entering. When people needed assistance with personal care staff provided this in a discreet and dignified manner. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Some people chose to lock their bedrooms doors. These people had either been provided with a key or a combination lock had been fitted to their door, depending on what the person wanted.

Staff supported people to keep in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. Staff were seen greeting visitors and chatting knowledgeably to

them about their family member. One visitor said, "They look after us very well and I feel welcome here."

People and their families had the opportunity to be involved in decisions about their care and the running of the service. There were regular meetings with people and their families to discuss menus, activities, outings and new developments for the service.

Records were stored securely to help ensure confidential information was kept private. All care staff had access to care records so they could be aware of people's needs.

Good

Is the service responsive?

Our findings

The manager met with people in hospital, at their home or at their previous care placements to complete detailed assessments of their individual care needs. This information was combined with details supplied by external professionals and people's relatives to form the person's initial care plan. The manager was knowledgeable about people's needs and decisions about any new admissions were made by balancing the needs of people living at the service and the new person.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them. A healthcare professional said, "The staff and management seem to be very knowledgeable about the people. They gave me care plans which had lots of information."

Staff attended handovers at the start of their shift. These provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and support.

Daily notes were completed on an electronic system and this enabled staff coming on duty to have a quick overview of any changes in people's needs and their general well-being. There were sufficient handheld devices and work stations, for staff to use, to ensure they could add and retrieve information whenever they needed to.

Care plans were also recorded on the electronic system. These contained information on a range of aspects of people's needs including mobility, communication, nutrition and hydration and health conditions. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. People's care plans were reviewed monthly or as people's needs changed. Staff told us care plans were informative and gave them the guidance they needed to care for people.

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. A relative told us, "They have discussed my mother's care plan with me."

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.
When needed the service provided end of life care for people. People's wishes regarding this were documented appropriately in their care plans.

People were able to take part in a range of group and individual activities. An activities co-ordinator was in post who arranged regular events and outings for people. These included, bingo, film afternoons, arts and crafts, quizzes and history talks. In addition, external entertainers regularly visited such as singers, musicians and church services. On the day of the inspection several people took part in a singing session with an external entertainer.

The activities co-ordinator was in the process of developing individual activity plans with each person and discuss any goals and aims people might want to achieve. For example, some people wanted to re-gain their mobility to go out, others to do gardening and one person to cook a meal for the other people living at the service. Staff had arranged for the person who wanted to cook to complete a food hygiene course so they could prepare a meal in the kitchen. Another person was seen in the garden cutting back bushes as they liked to do gardening.

Monthly 'residents' meetings' were used to discuss the activities people wanted to take part in and plan forthcoming outings. Individual and small groups of people were supported to regularly go out to the local shops, the library and community groups.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so because the management were very approachable. However, people said they had not found the need to raise a complaint or concern, as one person said, "If I had a complaint and anything was wrong I would talk to the manager."

Good

Is the service well-led?

Our findings

A registered manager was in post who had the overall responsibility for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was supported, in the running of the service, by a care co-ordinator, an administrator and senior care staff. The registered provider visited the service most weeks and supported the registered manager in their role.

The management team were clearly committed to providing the best possible care for people and enhancing their well-being. There was a positive culture within the staff team and the management team provided supportive leadership. Comments from staff included, "A lot more organised than before. Things are more settled now", "It is so much better with the new manager", "The manager has really gained the respect of staff", "The manager is fully hands on. She changed my life when she started here. She is fully responsive and involved. She welcomes criticism. She spends time and sits with the residents and gets to know them."

People and relatives all described the management of the service as open and approachable. Commenting, "The manager has been wonderful to me. Since she has been here she has worked really hard and brought the home up to scratch. I feel she helped save my life", "Good systems and good communication. The manager has a lot of clarity and is well organised" and "The manager is very good and all the staff are good."

A healthcare professional commented, "The management team always welcome feedback, and ask for feedback, which is good that they are open and are obviously looking to improve all the time."

People and their families were involved in decisions about the running of the service as well as their care. The management team were visible in the service and continuously sought people's views on an informal basis. Questionnaires were given to people, families and professionals, on a regular basis, to ask for their experiences of the service. In addition, there were monthly 'residents meetings' where new developments for the service were discussed and people could contribute their ideas. Where suggestions for improvements to the service had been made, the management team had taken these comments on-board and made the appropriate changes. One person told us, "I always attend the residents' meetings where we can give feedback."

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. They did this through informal conversations with management, at daily handover meetings, regular staff meetings and one-to-one supervisions. Staff told us. "Good training and you can ask if you don't understand anything" and "When new ideas are introduced the

manager ensures that everyone understands."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered manager had set up robust auditing systems, involving the rest of the management team and senior staff. Senior staff had been supported by the registered manager to understand how to carry out their allocated audits. Completed audits were thorough and where areas of concern were identified these were acted upon to drive continuous improvement. The management also regularly worked alongside staff and this enabled them to monitor the quality of the care provided.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place in relation to staff. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. For example, making reasonable adjustments to enable staff to complete training.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.