

The Orchards Residential Care Home

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Inspection report

The Orchards Mill Lane
Bradwell
Great Yarmouth
Norfolk
NR31 8HS

Tel: 01493652921

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Orchards residential home provides accommodation and personal care to 13 people, some of whom may be living with dementia. At the time of the inspection, 13 people were living in the service.

The Orchards accommodates 13 people in one adapted building. There are two communal lounges, a dining area, and a garden people can access.

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

Risks had been assessed and those identified were safely managed; some improvements were however needed to ensure accurate guidance was in place for staff delivering care. The provider had recruitment checks in place to ensure staff were suitable to work in the service. Staff showed a good understanding of their roles and responsibilities of keeping people safe from harm. Medicines were managed safely.

Staffing levels required review to ensure they were meeting the changing needs of people using the service. Following the inspection, the registered manager confirmed they would increase staffing across the day.

People were supported by staff who had completed training to give them the skills and knowledge they needed to meet their needs. People were supported to have sufficient amounts to eat and drink and were protected against the risk of poor nutrition. However, improvement was required in how staff documented people's dietary intake, particularly where people needed to gain weight.

Staff supported people to maintain their health and well-being. 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. However, some care records did not contain a mental capacity assessment and best interests decision where applications to deprive people of their liberty had been made.

Staff treated people in a kind and caring way. People and relatives valued the service and the support the staff provided. Staff treated people with respect and helped them to maintain their independence and dignity.

Care records contained some inaccurate or contradictory information, but these were being reviewed promptly by the registered manager. People and relatives were confident to raise concerns and complaints, and these were listened to. Activity provision was provided by care staff, and people living in the service were satisfied with this.

There were governance systems in place which included quality audits, however, some had not identified the issues we found. More regular monitoring and auditing of people's care records was required by the registered manager, so they can assure themselves that people's needs are being met. People, relatives and

staff were given the opportunity to feedback on their experience of the service.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 30 January 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below

Requires Improvement ●

The Orchards Residential Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the provider who is also the registered manager, one senior care worker, and three care workers. We also spoke to a visiting health professional.

We reviewed a range of records. This included four people's care records and six 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 reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data. We spoke with one health professional who had visited the service recently.

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 Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staffing levels were determined by a dependency tool which the registered manager completed. However, due to changes in people's physical and emotional needs we had concerns that staffing may not be sufficient during the afternoon when staffing levels dropped to two staff.
- Following a discussion with the registered manager about this, they increased staffing levels across the day to ensure there were always three staff on duty. This will enable the service to monitor people's changing needs more effectively.
- There was not always a member of staff on at night who could administer medicines, but the registered manager was addressing this by training other staff members. There was a system in place in the interim should medicines be required during the night.
- Staff had been recruited safely. Pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.
- Some staff did not have photographic identification on their files, as they did not have the necessary documents, such as a driving licence or passport. The registered manager advised that they held photographs of all staff members on an electronic system.

Assessing risk, safety monitoring and management

- People's care plans contained risk assessments relating to nutrition, mobility, falls, skin integrity, and choking, which were reviewed monthly. However, we found some contained information which was not accurate or lacked detail within people's risk assessments.
- Choking risks did not always include actions that staff should take in the event that a person choked. Another care plan was not clear about whether diabetes was a risk. Improvement was required with recording to ensure risk assessments held accurate guidance for staff. Following the inspection, the registered manager told us they would update the care plans promptly.
- Staff knew people well, and when asked could tell us people's needs and abilities. This helped to assure us that risks were known by staff and that people were receiving care in line with their assessed needs.
- Checks were in place to ensure fire equipment was serviced and water systems were safe.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "I would report any concerns to [registered manager] or I would go higher. I can also call CQC or the police if I needed to."
- The registered manager had made contact with the local authority safeguarding team when they had

needed advice.

Using medicines safely

- Medicines were managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.
- Staff completed training to administer medicines and their competency was checked regularly to ensure safe practice.
- Administration of medicines records indicated people received their medicines regularly. This was confirmed by the people we spoke with.
- Some people had been prescribed medicine to be used as required (PRN). There were protocols for staff to follow before administering these.
- People's medicines were safely received, stored and administered. Management completed monthly audits of medicines to ensure errors or concerns were identified.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used protective clothing, gloves and aprons, during personal care or food preparation to help prevent the spread of healthcare related infections.
- People told us staff practiced good infection control. The registered manager had implemented additional measures as advised by the local infection control team who had recently visited. One relative said, "It never smells in here like some homes can, I come in regularly and it always smells clean."
- The service had recently been awarded a five-star food hygiene rating, which is the highest rating given. This means safe systems were in place for the preparation and storage of foods.

Learning lessons when things go wrong

- Records showed that incidents and accidents were monitored and analysed so that changes could be made to reduce the risk of further harm.
- Where improvements or changes to practice were needed, the registered manager shared this with staff through handovers and staff meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- The registered manager had made seven application for DoLS, none of which were yet authorised. A log was kept which enabled the service to monitor dates of applications.
- Care records made reference to people's ability to consent to their care and treatment. Where people were unable to, a mental capacity assessment had been carried out, along with best interests documentation. This included for mechanical restraints, such as low beds and pressure mats, which alert staff if a person, vulnerable to falling, stands up.
- Where DoLS applications had been made, we did not always see that capacity assessments and associated best interests decisions were in place, which we discussed with the registered manager.

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

- People received support with their dietary requirements as needed. Individual dietary needs were outlined in care records. This included if people required a fortified diet and described how people's food should be prepared to prevent choking, such as pureed food.
- People's weights were monitored regularly to identify weight loss or gain. However, where people were assessed as needing to have snacks between meals, we did not always see that this was recorded in care records to evidence if people were having additional calories to increase their weight.
- People told us they thought the food was reasonable and there was choice. One person said, "I think the food is ok and I'm quite a finicky eater." A relative told us, "Food is lovely, I could have eaten what [relative] was served today."

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

- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with skin integrity.
- Prior to admission people were assessed to determine if the service could meet their needs. Following the initial assessment, risk assessments and individual care plans were developed.
- Recommendations advised by health professionals were followed. One health professional told us, "I don't have concerns about the service following guidance, they do what we ask them to."
- The registered manager welcomed training and input from external professionals such as tissue viability nurses, dentists, dietitians, and the medicines optimisation team. One health professional said, "The staff were very engaged when I recently delivered some training. They asked questions and they do call if advice is needed."

Staff support: induction, training, skills and experience

- People received effective care and treatment from staff who had received relevant training. The provider had a good system to monitor all staff and had regular refresher training to keep them up to date. Training methods included online and face to face.
- New staff completed an induction programme before supporting people on their own. This included a period of shadowing a more experienced member of staff, and the completion of essential training. All staff new to care were expected to complete the care certificate, which is a nationally recognised set of standards.
- Staff were supported by the registered manager who provided supervision both formally and informally. Observed competency checks were also carried out by the registered manager so they could assure themselves that staff were delivering care effectively.
- Staff said they felt very well supported by the manager who was visible and aware of any difficulties in the service. One member of staff said, "I have regular supervision, and we discuss training and how I am."

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

- People had access to healthcare services and professionals according to their needs. These included their GP, district nurse, dietitian and a speech and language therapist (SALT).
- A community dentist had recently visited the service and checked people's oral health.
- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health needs.

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

- The building design did not always meet the physical needs of people living in the service. We observed that most people sat very close to each other in the main lounge which was quite small. However, people and relatives told us they chose to do so. There was a second small lounge with three armchairs and a television, but this room was not used very much by people who preferred to sit with others.
- The carpeting in the two lounges had been replaced by more suitable flooring which was easier to clean, and for people to manoeuvre mobility equipment across.
- There was a small dining area in the service, but there was not space to accommodate 13 people. However, nobody reported this as a problem. Some people preferred to eat in their rooms, and others liked to eat in the lounge.

Is the service caring?

Our findings

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

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

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

- People told us they enjoyed chats with staff when they were not busy. We observed friendly and respectful interactions between people and staff.
- We heard staff making caring and kind comments about people. They showed care and concern for people, and they supported and encouraged people in a respectful manner. One person told us, "I like it here, I like the people, staff are good, they give me time, very obliging." Another said, "It's fun to live here, all kinds of fun, and the staff are lovely."

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

- People and their representatives, where appropriate, were involved in their care planning. People's care records made reference to who was involved in the care planning and how much people could contribute.
- Relatives confirmed staff involved them when people needed help and support with decision making. People and relatives told us they felt listened to. One relative said, "I have reviewed the care plan for my [relative]." Another said, "They asked me what my [relative] liked to eat and the care plan was discussed with me. They do ask my opinion and we have had several chats about when [relative] was younger so they can get to know who they were."
- Resident and relative meetings were held in the service so people could give their views on the care provided. Topics included activities, food, and care staff interactions.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do as much for themselves as possible. This included helping to break larger tasks down into manageable tasks that people may be able to do for themselves.
- During our inspection, we observed staff interact with people in a respectful manner. Staff knocked on people's doors before entering, and respected people's privacy. One person said, "I prefer to stay in my room and the staff respect that. I'm not a very social person, but that's my preference."
- Information about people was protected and kept securely.

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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's care plans contained information relating to their mobility, mental health, nutrition, hobbies and interests and life history. However, some care plans contained inaccurate or contradictory information. We discussed this with the registered manager, and they confirmed following the inspection that all care records had been reviewed to ensure they held the correct information.
- Activity was provided by care staff in the morning after 10am, and in the afternoon after lunch. People and relatives were asked during resident meetings if they were satisfied with the provision of activity, and no one raised any issues. One relative said, "I see them doing the activities; they do bowling, snakes and ladders, bingo, throwing balls, that sort of thing."
- There were some organised activities outside of the service that people could take part in. The minutes of the resident meeting highlighted that people enjoyed this in the warmer months. One person told us, "I never get bored we play all kind of silly games and there is lots of laughing." A staff member told us, "A lot of people won't join in, that's their choice. During the day there are always quieter times, we can sit and talk with people in their rooms, we do sit and chat with people."

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 had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these.
- Care records identified if a person had a sensory loss and what staff should do to support the person to improve communication. For example, where they used a hearing aid or wore glasses. In addition, the registered manager told us that they could print text for people in larger print and also used picture cards to help people understand information.
- Staff used a combination of hand gestures, simple words and phrases to communicate with some people. This was effective and provided those people with interaction in a warm friendly way.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure for people, relatives and visitors to raise concerns.
- People and relatives we spoke with knew how to complain and were confident the registered manager would deal with any issues they raised. One person told us, "I would complain if needed. I would raise any

issues if things weren't right. A relative said, "If there were any problems I would speak to [registered manager] but I can't think of anything that needs to be improved, [relative] gets the best care here."

End of life care and support

- People's care records contained a section on 'last wishes', which included information that was relevant in the event of a person's death, such as who should be contacted, their funeral plan, and if they wished to remain at The Orchards or go into hospital.
- Some records did not include people's wishes in terms of their final hours, but the registered manager told us they would add additional information where known.
- Staff received training in end of life care. The service liaised with health and social care professionals and specialised services to provide people with appropriate care and support when needed.

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 Require Improvement. At this inspection this key question has remained the same. This was because care records did not always reflect accurate information and audits had not identified this issue.

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

- The registered manager had systems in place to audit the quality and safety within the service. The inspection process highlighted some issues which audit systems had failed to identify, such as the recording of dietary intake, MCA documentation, and inaccurate information within some care records.
- Further work was required to ensure details were accurate, and important information was updated and in the most prominent place.
- More regular monitoring and auditing of people's care records was required by the registered manager, so they can assure themselves that people's needs are being met.

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

- There were links with the local community, such as churches and volunteers who visited the service.
- People and staff had completed a survey to give their views on the service and anything they felt could be improved.
- Staff told us they felt involved and listened to. Regular staff meetings took place to discuss the care people received and issues relating to the service. One staff member told us, "We have staff meetings where we can speak up. [Registered manager] is very good and they listen."
- All of the relatives we spoke with praised the service. One relative said, "I'm blown away by what they have done for my [relative]." Another told us, "I feel so emotional about the care. They go above and beyond, I can go home relaxed they call if [relative] is unwell, I can't fault them, I'm so grateful. I come in every day even if just for an hour."

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

- The service had a positive, inclusive atmosphere, with good teamwork evident.
- People told us they thought the service had a positive atmosphere and they felt included in their care. One person said, "Everything is smooth, it's all planned, nothing wrong here at all. I am very happy with things, and pleasant staff." Another said, "Other than a new pair of legs, I can't see that anything could be improved."
- Staff undertook relevant training to enable them to undertake their role. Where staff were overdue training, sessions had been booked.

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 understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.
- The registered manager was open and transparent throughout our inspection, welcoming feedback from us to improve care delivery.
- Staff knew how to whistle-blow and how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Working in partnership with others; Continuous learning and improving care

- The registered manager welcomed external professionals into the service to deliver training and advice on a regular basis. This included tissue viability, oral care, medicines, and nutrition.
- Where people's needs changed significantly or where the service was finding it difficult to meet people's needs the registered manager arranged reviews involving external professionals and commissioners to enable them to focus on the best possible outcomes for individuals.
- Staff told us they had regular handover and team meetings to share important information about people and to discuss any ideas they may have to make improvements to the service.
- The registered manager carried out observed practice checks on staff when administering medicines and when delivering care to people. This assured them that staff were competent in their roles and interactions were appropriate.