The Orchards Residential Care Home

The Orchards Residential Care Home

Inspection report

The Orchards Mill Lane
Bradwell
Great Yarmouth
Norfolk
NR31 8HS

Tel: 01493652921

Date of inspection visit:
30 January 2019

Date of publication:
14 March 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
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 is a care home that provides accommodation and personal care for up to 13 people. At the time of our inspection, there were 13 older people living at the service, some of whom were living with dementia.

People's experience of using this service:
• People we spoke with told us they felt safe and were well cared for. Staff were observed to be kind and caring in their interactions with people, and this was evident throughout the day. Staff and the registered manager spent time talking with people and knew them well.
• The quality of the service had improved since our last inspection, and additional audits relating to falls had been implemented by the registered manager.

• Further improvements were needed to ensure care plans and risk assessments were accurate and sufficiently detailed. End of life care plans required more information to ensure these were person centred.

• Individual risks to people were managed and mitigated but some information was not accurate.

• Checks to ensure the environment was safe and clean had been completed. However, some environmental risks had not been identified via auditing processes.

• There were sufficient staff to meet people's needs and keep them safe. Recruitment procedures were in place to ensure staff were suitable for their roles.

• The principles of the Mental Capacity Act (2005) were adhered to.

• People were supported to eat and drink enough to maintain a balanced diet.

• People had access to healthcare professionals when required, and staff followed recommendations when needed.

• Staff knew how to care for people and received training in their roles, and support from the registered manager.

• The staff worked well as a team and communicated well.

• Medicines were managed safely, and people received their medicines as prescribed.

• We found the service continued to meet the characteristics of a "Requires Improvement' rating in safe and well-led This meant the overall rating was "Requires Improvement."

Rating at last inspection: At the last inspection the service was rated Requires Improvement. (Report published December 2017).

Why we inspected: We inspected this service in line with our inspection schedule for services currently rated Requires Improvement. Following the last inspection the provider sent us an action plan saying how they intended to make improvements in the service.

Follow up: We will continue to monitor this service according to our inspection schedule.

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 not always safe Details are in our Safe findings below.	**Requires Improvement**
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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: The Orchards is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. The service is required to have a manager registered with the CQC. 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.
The service had a manager registered with the Care Quality Commission.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us of and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with four people who used the service, five relatives and a visiting healthcare professional to ask about their experience of the care provided. We carried out observations of

people receiving support and spoke with the registered manager and provider, and three care staff who worked at the service. We looked at five records in relation to people who used the service. We also looked at staff files as well as records relating to the management of the service, recruitment, policies and systems for monitoring quality.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe.

Assessing risk, safety monitoring and management

● People's care plans contained risk assessments which were reviewed and updated monthly. However, we found some contained information which was no longer relevant and needed updating. We also found where one person was at risk of choking and should not have meat. This was not noted in the person's care plan, and there was no risk assessment in place to guide staff on how to support the person to prevent choking and action to take if they did. Staff were however aware of the risk and knew the person should not be served meat.

● Where reference was made to people having diabetes, there was no information on what their target blood sugar levels should be, what action staff should take if they became too high or low, or the associated symptoms of this.

● Further information was needed where people had diabetes, to ensure the importance of foot and eye care were clearly outlined. One care plan stated that the person 'needed some assistance to control diabetes', but did not stipulate what this was.

● Falls risks were now managed in a more effective way and best practice guidance had been sought to mitigate risks.

● The registered manager and the provider monitored the safety of the service, and continued to ensure the environment was safe for people, for example with regard to fire safety, water safety and lifting equipment. We found some exposed hot pipes during the inspection which can pose a risk if people were to lean or fall against them. We also identified an unsecured door which housed the main boiler. We brought this to the attention of the provider and they immediately took action to remove the risks.

Systems and processes to safeguard people from the risk of abuse

● Staff received training in safeguarding adults. They were able to tell us the types of abuse they may come across in their work, and who to report any concerns to internally. However, staff could not always tell us who they would report concerns to outside of the service, such as the local authority safeguarding team. We did see safeguarding posters were visible in the service however, and who to contact with concerns.

● The registered manager had not made any safeguarding referrals made in the past 12 months. They told us there had been no events which would constitute a safeguarding referral. Where they had considered certain events which may constitute a safeguarding referral, they had contacted the local authority for advice. The registered manager was aware of their responsibility to liaise with the local authority safeguarding team if concerns were raised.

● People told us they felt safe. One person said, "I feel very safe, yes. Staff are there when you need them. They are kind"

Staffing and recruitment

● The registered manager calculated staffing numbers based on people's dependency needs. Staff we

spoke with said there were sufficient staff to carry our their duties safely, and if people's needs increased extra staff would be arranged by the registered manager.
● We observed that staff were readily available to assist and support people when needed throughout our inspection visit.
● People told us that staff responded to their needs. One person said, "There's always staff around." Another said, "I press the alarm, they come, I never wait".
● The registered manager confirmed that they continued to carry out necessary checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. These checks assist employers in making safer recruitment decisions.

Using medicines safely
● People received their medicines safely by staff who were trained to do so. There were management processes in place to ensure staff were competent to administer people's prescribed medicines.
● There were protocols in place when needed for medicines prescribed 'as required' (PRN), to guide staff on how and when to administer these.
● Medicines, including controlled drugs, were stored and disposed of correctly.

Preventing and controlling infection
● There were cleaning schedules in place for people's rooms, communal areas and equipment such as commodes, hoists, and mattresses. Staff had access to personal protective equipment such as gloves and aprons.
● We observed the main areas of the service to be clean, however two bedrooms had a malodour, and we brought this to the attention of the registered manager.

Learning lessons when things go wrong
● Following our last inspection, the registered manager had taken steps to improve the way they managed falls in the service. This included seeking best practice guidance, and additional audits had been put in place to identify potential trends.
● Where improvement was needed we saw the registered manager had discussed this in staff meetings so the staff team were aware.

Good

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Assessments were obtained from health and social care professionals prior to people's admission to the service. This helped to ensure the service was able to meet people's needs.
● Where people had needed the input of specialist teams such as falls and dementia support teams, these were arranged.

Staff support: induction, training, skills and experience
● Staff were competent, knowledgeable and skilled in their roles. One person said, "Oh yes, the staff are very good and really know what they're doing." Another told us, "The staff work so well together."
● Staff received training relevant to their roles including safeguarding, MCA, fire safety, moving and handling, food hygiene and dementia. Three new staff had not yet completed MCA/DoLS training, but the registered manager was aware and was arranging this.
● Further courses were planned for oral hygiene, falls and nutrition.
●There was an induction process which included training, and new staff members were paired with another member of experienced staff to work with and shadow when they started in post.
● Staff had regular supervisions and felt well supported in their roles. One staff member said, "Supervision seems like every week, very regular, I'm listened to. I do feel valued."

Supporting people to eat and drink enough to maintain a balanced diet
● People were offered drinks and snacks frequently. People enjoyed the food and were given the opportunity to have input into the menus. One person said, "The meals are well cooked. I had spaghetti with meatballs today, very nice. We get a choice. I usually eat in the dining room but occasionally, if I'm not feeling too good, I'll eat in my room. I often have a sandwich at teatime. They [staff] are always bringing drinks round." Another said, "We get a choice for lunch and fish and chips on a Friday. There's the same for breakfast each day which suits me, and usually a choice of pizza, scrambled eggs or beans on toast or sandwiches for tea."
● People's care plans included their nutritional needs, such as if they were a diabetic or if they required a soft diet.
● Accurate recording of people's food and fluid intake was completed so any concerns could be identified and acted on. People were regularly weighed to identify any issues with weight loss or gain.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The service worked with other health and social care professionals to help ensure people's healthcare needs were met. The service had systems and processes for referring people to external agencies and

ensuring they could access healthcare. This included physiotherapy, falls specialist teams, district nurses, dental services, and opticians. A GP visited the service weekly. A health professional told us, "I have no concerns about people's clinical needs at all. They follow my instructions to the letter. Referrals are appropriate and timely."

● People told us staff arranged a doctor to visit them quickly if they were unwell. A relative said, "The staff are very punctual in getting the doctor to see [relative]."

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 had to sit very close to each other in the main lounge so they could all fit in which made this area very crowded. There was a second small lounge with two armchairs and a low sofa, which would not be suitable for people who may have mobility difficulties. The provider had not considered how to make the best use of the space in the smaller room by ensuring suitable seating was used, and to make it attractive so people wanted to use the room.

● 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 told us they liked to sit together in the main lounge and eat in there on the small tables provided.

● We found the provider had researched dementia friendly environments and had given some consideration to the premises and equipment that people used, although further improvement was needed in areas around the service. This included re-decoration, modernisation and maintenance.

● The provider submitted a refurbishment plan that was discussed at the end of the inspection visit.

● Technology and equipment was used effectively to meet people's care and support needs. People had access to call bells to alert staff to when they required support. Sensor mats were in place for people who were at high risk of falls.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

● Where people were deprived of their liberty, the service had worked with the local authority to seek authorisation for this to ensure this was lawful.

● Staff ensured that people were involved in decisions about their care and could tell us what they needed to do to make sure decisions were taken in people's best interests. Not all staff were aware of which people were being deprived of their liberty so they could ensure that they supported them in least restrictive way. The provider did however, show us there was a list of people who were subject to DoLS, accessible to staff for their information.

● Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Good

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

The service continues to involve people in their care and treats people with compassion, kindness and respect.

Ensuring people are well treated and supported; equality and diversity
- People were positive about the caring attitudes of staff. Comments included, "They've [staff] got to know me well since I've been here. They are good people." And, "You can't fault the staff. I get on with them all. They [staff] do their best to get you what you want, 100%."
- Some staff had worked in the service for a number of years and we observed that positive relationships had been built between people and staff.
- People were comfortable with asking for assistance from staff, and we saw people and staff laughing with each other as they supported them.

Supporting people to express their views and be involved in making decisions about their care
- Residents meetings were held in the service and people were asked to give their views about their care. Discussions included food preferences, activities, and preferred décor in their bedrooms.
- Feedback questionnaires were given to people annually to comment on various aspects of the service and the care they received; we saw that comments from people were positive.
- People and their relatives were involved in creating and reviewing their care plans. One person told us, "My care plan got filled out when I came and I read and signed it." A relative said, "I read through [relative's] care plan and signed it so that the home could be in charge of [relatives] care."

Respecting and promoting people's privacy, dignity and independence
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in a private location.
- Staff knocked on doors and waited for a response before entering bedrooms, bathrooms and toilets and people told us this was usual. One person told us, "I like to sit in here [room] in my chair and watch my TV or do a crossword or puzzle in the newspaper. I'm left alone and if I want anything I buzz, or the staff pop their heads in. The staff are perfect in their behaviour to me." A relative said, "If we want some privacy we can always go into the back quiet room. The staff are spot-on."
- We observed that people were encouraged to do things for themselves, for example, when rising from a chair, verbal instruction was given to support people to be independent. This also included when people were mobilising and eating. We saw staff giving people encouragement with various day to day tasks.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People's care plans provided guidance for staff on how to deliver people's care. These were reviewed on a monthly basis to ensure they were up to date. Areas of care included, personal care, dementia, falls risks and mobility.

● We found inacurracies in one care plan which said that one person had major swallowing problems, but the registered manager told us this was not the case. They said they would update this promptly.

● Best practice guidance had been used to assess and reduce the risk of falls, but this information was held separately to the care plan. Adding information from this assessment to people's care plans would ensure all staff were aware of actions to mitigate risks and show what had been done, for example, reviewing people's medicines and providing equipment.

● People's hobbies and interests were documented in their care plans, but each held a different level of information. Some were comprehensive, whilst others held minimal information. However, it was evident that staff knew people well, and asked them how they wished to spend their time.

● A staff member who had been allocated to undertake activities from 10am to 2pm, told us that they had devised an activity chart after speaking with people about their preferences. They told us that activity was done in the morning but it was hard to get people to join in sometimes.

● Activity included chair exercises, catch, music, bowling, arts and crafts, and puzzles.

● People told us they felt there was enough to do. One person said, "Activities are not for me. One day a member of staff came in with a drafts board and played a game with me. My [relative] came for Christmas lunch and they had an Elvis impersonator entertain us. He was very good and we thoroughly enjoyed the afternoon." Another said, "We do exercises, you know in our chairs. We have a game of draughts or skittles, it stops you just having to watch TV all the time." And a third told us, "I got given an exercise sheet and now we do the three exercises as a group in the lounge, it's good. We play bingo sometimes."

● There were no organised activities outside of the service that people could take part in. Some people went out regularly with family members. Having this opportunity helps to protect people from the risk of social isolation and loneliness.

● People told us that staff were responsive to their needs and staff supported them to choose how they spent their day and respected their preferences. One person said, "I've no regrets about coming in here. I please myself. I wake early anyway and the staff help me to get organised, washed and dressed by about 7.30am. I like to go to bed about ten to ten so I just press my buzzer and the staff come and get me ready." Another said, "I get up and go to bed when I like. I pretty much please myself. Another said, "I can do what I want. The staff are very good." A relative said, "This is a proper home-from-home. The care [relative] receives here is exceptional. We couldn't have hoped for a better place."

End of life care and support

● Care plans contained some basic information about peoples wishes and needs to be taken into consideration at the end of their lives. Further information is needed to ensure these were person centred and not generic in nature. Plans needed to be clearer in detailing when people had declined to discuss this or had not expressed a preference.

Improving care quality in response to complaints or concerns

●The service had a complaints procedure for people, relatives and visitors to raise concerns.

● A complaints log was in place and included details of verbal complaints that had been raised and actions taken to address these. The registered manager told us they encouraged people and families to speak up before issues escalated which enabled them to deal with any issues quickly.

● People told us they would complain if needed. One person said, "I would speak to the manager. I'd talk to my [relative] too, if something wasn't right." Another said, "I'd speak to the manager. But everything's okay here at the moment."

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At our inspection in October 2017 we found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which relates to good governance.
- Following the inspection in October 2017 the provider sent us an action plan of how they would address the issues we found.
- At this inspection we found that sufficient improvements had been made and the provider was no longer in breach of this Regulation. However, further improvements are needed to ensure that documentation held in care plans and risk assessments are accurate and sufficiently detailed.
- Although risk assessments had been reviewed monthly they did not always contain adequate information, and in one case we found there was no risk assessment for a person at risk of choking.
- There was hot exposed pipework in various areas of the service and an open cupboard within a communal bathroom which housed the main boiler. These risks had not been identified on the environmental risk audit which was completed in October 2018.
- There was an established, long standing and consistent staff team working at the service, who worked well together and knew the service well. One member of staff said, "[Registered provider and manager] are good people to work for. [Registered manager] is approachable, they are here all the while, always here. If they are away [senior carer] oversees things. But even when [registered manager] is away they will still phone in."
- The registered manager had been open and transparent regarding an incident which took place in the service and which was reported to us. They assisted in providing detailed information to determine if there were any lessons to be learned.

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

- There were systems in place which checked and monitored the quality of the service. These included audits of medicines, health and safety checks, equipment, infection control and accidents and incidents. Care plans were reviewed monthly by the registered manager, however, they had not identified some inaccurate information held in some care plans but were committed to addressing this promptly.
- Staff were consistently positive about the registered manager and the service generally. One staff member said, "I wouldn't change much, it runs well. We are a good team, we plan well, and that's why it all runs so smoothly." Another said, "We have a lovely group of residents, its like a family here."
- Morale of staff was high and staff spoken with were keen to tell us about the team work that was in place.

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

characteristics

● People were involved and consulted about the service on a day to day basis and had regular opportunities to participate in meetings. Staff respected each individual's diversity and upheld equality.

● People told us they knew who the registered manager was, and that they were approachable. One person said, "[Registered manager] comes in here [bedroom] most days. She's very easy to talk to." A second person told us, "I think [registered manager] is quite good. She's often around and asks me if I'm okay or want anything." And a third Commented, "[Registered Manager] is helpful and polite."

Continuous learning and improving care

● The registered manager had used best practice guidance to review falls data and mitigate risks as far as possible. They had implemented additional monthly falls audits to identify potential trends.

● Best practice guidance relating to falls was discussed in team meetings so all staff were aware.

Working in partnership with others

● The service worked in partnership with other organisations to ensure they were following current practice guidelines. These included healthcare professionals. For example, district nurses, GPs, dieticians, speech and language therapists. This ensured a multi-disciplinary approach to people's care.

● Feedback from staff, family members and people using the service was regularly sought. We saw that recent feedback received was positive.