

R Sons (Homes) Limited

Orchard House Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Orchard House is a residential care home providing care for older people with a diagnosis of dementia, mental health or physical disabilities. At the time of our inspection 26 were being supported at the service.

This home accommodates 33 people in 28 single and three shared rooms. It was purpose built and has a garden.

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

People had risk management plans in place, but these had not always been completed correctly and contained conflicting information.

We have made a recommendation about staff training in relation to risk management and how to complete risk assessments correctly.

Improvements had been made to the medication practices and procedures and to the systems in place to monitor the quality of the service.

There was an extensive use of agency workers to cover gaps in staffing numbers. The registered manager had an ongoing recruitment process in place and had recently recruited new staff members who were currently undergoing employment checks.

The systems in place to ensure lessons were learned when things went wrong had been improved. The registered manager had implemented a system to monitor incidents and accidents monthly so action could be taken to promote people's safety.

Improvements had been made to the systems in place to keep people safe from avoidable harm. People we spoke with felt safe living at Orchard House.

Systems were in place to control and prevent the spread of infection. The service was clean and hygienic, and staff followed infection control and COVID-19 guidance and wore appropriate Personal Protective Equipment (PPE).

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.

People told us that staff were "very kind, caring and patient." People and relatives knew how to complain and felt they would be listened to. The registered manager and staff worked with external professionals and referred people to healthcare professionals as required.

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 (report published 30 June 2021) and there were two 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

We carried out an unannounced focused inspection of this service on 20 May 2021. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Safe care and treatment and Good Governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Orchard House Residential Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Orchard House 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector and one 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. The expert by experience had experience of people living with dementia.

Service and service type

Orchard House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration. 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 clinical commissioning group (CCG) who commission with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke and met with four people who used the service and four family members about their experience of the care provided. We had discussions with six staff including the registered manager, the activities coordinator, two agency workers and two care and support staff.

We used the Short Observation Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We 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. A variety of records relating to the management of the service, including monitoring of quality and risk, policies and procedures and minutes of meetings were examined.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance information.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to ensure risks were assessed and that all was done to practically mitigate these risks. The provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvement had been made and the provider was no longer in breach of regulation 12. However, further improvements were needed to ensure records were an accurate reflection of people's needs.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Using medicines safely

- Improvements had been made to the risk management process to keep people safe. We saw that risks associated with people's care, support and environment had been identified and assessed. However, some staff had not completed the risk assessment tools correctly and they contained conflicting information. This had not had an impact on people's care, and we saw that staff knew how to support people appropriately to keep them safe.
- Improvements had been made to the systems in place to ensure people received their medicines as prescribed.
- Processes were in place for the timely ordering and supply of people's medicines and they were stored in accordance with requirements. Staff administered people's medicines safely and the registered manager completed quality checks of medicines stock and records.
- Improvements had been made to the systems in place to keep people safe from avoidable harm. People we spoke with felt safe. One person told us, "Yes I'm safe. All the doors are coded, the night staff check up on me and staff regularly check to see if I'm alright."
- The registered manager had implemented a safeguarding tracker to keep oversight of all safeguarding alerts. When incidents occurred, clear actions were identified and implemented to minimise the risk of re-occurrence.

We recommend the provider consider current guidance and training for staff in relation to risk management and the completion of risk assessments and take action to update their practice accordingly.

Staffing and recruitment

- People felt there were adequate staff to meet their needs, but this did not always happen in a timely manner. In addition, people commented about the lack of consistency in staffing. One person told us, "The

call bell can take a quarter of an hour to be answered sometimes." Another person commented, "We have all different staff."

- Recruitment to fill vacancies in the staff team was ongoing, however the registered manager said there had been minimal response and agency staff were used extensively to cover gaps. The registered manager had recently recruited six overseas staff who were currently going through home office checks. The registered manager said this would ease the staffing situation and reduce the amount of agency staff being used.
- We spoke with two agency staff who told us that they didn't feel a divide because they were agency workers. They enjoyed being included in the team and both classed people using the service and the staff team as family.
- We observed adequate staff on duty to provide safe care to people. We saw people receive support promptly throughout the day. The registered manager used a dependency tool to calculate staffing numbers and the staff rota was reflective of this.
- Staff underwent a robust recruitment process. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

At the last inspection we made a recommendation that incident and accident forms were reviewed and analysed regularly to identify any trends and any risks that could be mitigated.

- We found improvements had been made to the systems in place to ensure lessons were learned when things went wrong. The registered manager had implemented a system to monitor incidents and accidents monthly so action could be taken to promote people's safety. The registered manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.
- Staff told us the management team were open and shared learning from incidents with them, such as revised measures to reduce risks to people and staff training.
- We saw some examples of lessons learned. For example, improvements to medication practices and records management had been made following complaints.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in Care Homes

- Visits to people living in the service were facilitated and arranged in line with national guidance. This included essential carers continuing to visit during an outbreak of COVID-19 when the service was closed to routine visits.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we found that systems and processes were not effective or robust enough to monitor the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvement had been made and the provider was no longer in breach of regulation 17. However, further improvements were needed to records management.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Some areas of records management needed to be strengthened. For example, risk assessments had not always been correctly completed by staff and contained conflicting information. There had been no impact on people using the service, however this was an area that needed to be improved.
- The registered manager had made many improvements at the service. They had introduced champions for Infection control, dignity and oral health. In the garden area the provider has built four shops including a post office and a pub a hairdresser and a crazy golf area.
- People and relatives were very positive about the care they and their family members received. One person said, "I love the freedom, friendliness and good food. I get all the care I need." A relative commented, "I never have any concerns about [family member's] care. It's very good."
- Improvements had been made to the recording of people's health monitoring. For example, we found that food and fluid charts and pressure area care records were fully completed.
- We found that improvements had been made to the recording and analysis of accidents and incidents. Records showed these were reviewed monthly to identify any trends and patterns. This meant lessons could be learnt or shared with the staff team.

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 ensured there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew 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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- People using the service and their family members were kept up to date with changes and information. The registered manager sent out regular newsletters and emails. One person told us, "They tell us all about Covid and visiting." However, some relatives felt communication could be improved. One commented, "They don't ring and talk about [family member]. Often when I call no one answers the phone."
- To improve communication the registered manager had purchased a separate phone that was specifically for relatives to contact the home and also for family members to contact their relatives.
- We saw that people, relatives and professionals were invited to complete feedback surveys about their experience of the service. However, there was no record of actions taken as a result of the feedback.
- People told us the registered manager was open and approachable and people and staff felt they could talk to her at any time if they had any concerns.
- The management and staff team worked in partnership with other professionals and agencies such as the GP, district nurses, Occupational therapists and the local authority to ensure people received joined up care.
- Where changes in care were made, we saw staff had good communication systems in place to share information about people's needs.