

Barker Care Limited

Orchid Villa

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

About the service

Orchid Villa is a care home providing personal and nursing care to up to 34 people. The service provides support to people living with dementia requiring nursing care. At the time of our inspection there were 31 people using the service.

Orchid villa is a purpose build single story building set within the Grosvenor Villas complex of care services. People have their own bedrooms and some bedrooms have en-suite facilities. There are a variety of communal areas including living, dining and outside areas and adapted bathrooms. The main kitchen and laundry services are shared with other services on site.

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

People felt safe living at Orchid villa. When things went wrong action was taken to reduce the risk of reoccurrence. There was regular checks of equipment and the environment to ensure it was safe. The home was clean and tidy, and staff used PPE correctly to protect people from the risk of infection spreading. Suitable recruitment processes were being followed and there were enough staff to meet people's needs. People were safely supported to take their medicines. We have made a recommendation about paperwork used to record when people receive medicines they required as and when.

People had their needs assessed and reviewed regularly. Referrals were made to appropriate health care services for specialist advice and this was incorporated into care plans. People were supported to maintain a healthy diet and drinks and snacks were provided throughout the day. The service had implemented some adaptations to meet the needs of people living with dementia and further improvements of the premises was planned. Staff felt well supported and trained to undertake their role.

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 were supported to make choice around their daily lives and, where they were subject to restrictions, appropriate assessments and referrals were made.

People felt staff were kind and caring and their dignity was promoted. We observed staff support people to maintain independence and promote choice. Staff knew people well and understood their care needs and preferences.

Care records were person-centred and reflected people's needs and preferences. The service was in the process of moving from paper based to electronic recording systems. A new wellbeing programme was due to be implemented shortly after our visit to promote activities and interests, community links and wellbeing. Relatives were supported to visit their family member safely. Staff had a good understanding of how to meet the needs of people when they approached the end of their life.

The registered managers and management team worked closely together and had a good understanding of their roles and responsibilities. There were systems to check the quality of the service through audits, and meetings with staff and relatives were undertaken to obtain feedback about the service. The provider and registered managers were committed to driving improvements in the home and were responsive to feedback given.

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

This service was registered with us on 02 April 2019 and this is the first five domain inspection.

The last rating for the service under the previous provider was Requires improvement (published on 29 December 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. The first day of inspection was undertaken to review processes for infection prevention and control. Following this, a decision was made to complete an inspection of the five domains and provide a rating of the service under the Health and Social Care Act.

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.

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 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 effective.

Details are in our effective 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 well-led.

Details are in our well-Led findings below.

Good ●

Orchid Villa

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 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

This inspection was undertaken by two inspectors, a medicine inspector, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Orchid Villa 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 with us. Orchid Villa is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there were two a registered manager in post. One registered manager was registered for the regulated activity of 'Accommodation for people who require nursing or personal care' and the other registered manager was registered for the regulated activity 'Treatment of disease, disorder or injury'.

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 (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 used all this information to plan our inspection.

During the inspection

We visited the service and reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live.

We used the Short Observational 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 spoke with three people who use the service and nine relatives and 12 members of staff including the registered managers, area director, compliance officer, clinical lead, nurses, care workers, auxiliary workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including eight 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 policies and procedures 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 records and other supporting information provided by the service. We contacted families for additional feedback about the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe living at Orchid Villa. People who could, told us they felt safe and one person commented "The staff are wonderful." Everyone looked well cared for and were comfortable with staff.
- Families told us they felt the service was safe. One relative told us, "[Family member] is in a safe place. This has given me peace of mind."
- Families told us they were kept up to date if anything happened to their relative. One relative told us, "If something happens, they ring me straight away. I have no concerns."
- The service was committed to ensuring lessons were learnt and improving the service. The registered manager gave us examples of steps they had taken to prevent mistakes happening again when things had gone wrong. Records of incidents, accidents and safeguarding concerns were reviewed for themes and trends.

Assessing risk, safety monitoring and management

- People needs were assessed and regularly reviewed by staff. Where people's needs had changed referrals were made if required and care plans updated.
- Individual and environmental risk assessments were in place. This included personal emergency plans for people living at Orchid Villa and generic risk assessments, for moving and handling and the use of equipment.
- Regular checks of the environment and equipment were completed to ensure it was safe and a regular programme of servicing and maintenance was in place. For example, fire alarms and fire drills were being completed appropriately.

Staffing and recruitment

- Staff were being recruited safely. This included checks of a person's identity, reference checks from previous employers and checks with the disclosure and barring service or similar provision for those employed from outside the UK.
- There were enough staff to meet people's needs. Staff were quick to respond to people's requests for support, and available to support people. People, families and staff generally felt there was enough staff and the provider covered any shortfalls with agency staff.

Using medicines safely

- Person centred information was available for medicines to be administered safely.
- Medicines training and competencies had been completed by all staff handling medicines and action had been taken if staff did not pass the competency assessment.

- Medicines were stored safely in a clean and tidy environment. An issue with the fridge was identified during the inspection and was resolved immediately.
- Medicine incidents, including the finding from audits were dealt with appropriately and in a timely manner.
- PRN medicines (medicines that are given 'when necessary') did not have the time recorded when the dose was given. We recommend that paperwork is updated to accommodate this.

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

The provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People's care needs were clearly assessed and care plans were developed in line with these needs. People's needs were reviewed regularly and any changes updated in care records with appropriate referrals being made and staff updated.
- People's needs were being met in line with preferences. One person told us, "They [staff] all know me and they know what they are doing." We observed that staff knew people well and were able to provide meaningful conversation and emotional support where needed.

Staff support: induction, training, skills and experience

- Staff told us they had the training needed to effectively support people living at Orchid Villa. Staff completed a wide variety of mandatory training and were encouraged to develop within their role and complete National Vocational qualifications.
- Staff competency was checked in areas such as infection prevention and control and administration of medicines to ensure staff were skilled and knowledgeable about how to deliver this support. We observed good practice from staff when supporting people with care.
- Staff spoke positively about the induction process. They felt they had sufficient time to complete all the relevant training and learn about people, their needs and preferences, before working independently.

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

- People were supported to eat and drink to maintain a balanced diet by staff. Where people had specific dietary needs, or swallowing difficulties, appropriate referrals to external professionals had been made and advice was incorporated in to care plans. Kitchen staff were aware of people's needs and how to prepare diets suitable for individual's needs.
- A choice of meals was offered to people and the kitchen staff would make alternative options if a person wanted something different. A variety of snacks and drinks were made available for people throughout the day.

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

- People's needs were identified and referrals made to health care services for specialist input where needed. For example, referrals were made to dietician services, speech and language therapy, physiotherapy and other specialist services.
- Health care professionals including doctors and chiropodists visited people at Orchid Villa to deliver health care services and review care needs as required.

- Relatives confirmed that staff accessed timely support when needed and that generally they were kept informed. One relative told us, "The staff call all the services on behalf of [family member]."

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

- The service was clean and tidy and there were a variety of adapted spaces to meet the needs of the people living at Orchid Villa. Signage was in place to help people living with dementia orientate themselves around the home.
- The provider was completing work in the outside garden areas at the time of inspection and there was a plan for decorating the service which would include consideration of the needs of the people living at the service. We will review this at our next inspection.

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 MCA 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.

- Where people were subject to restrictions suitable applications had been made to DoLS. Oversight was maintained to ensure the service knew where the application was up to, and when authorisation was given.
- Some people had specific conditions on their DoLS authorisation and the service was meeting these conditions. However, we found these were not always explicitly recorded as part of the conditions of DoLS, meaning that staff may not be aware of the importance of completing certain required actions. We discussed this further with the registered managers who took immediate action.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 were treated kindly by staff. We observed positive interactions between people and staff, and staff had a good understanding of people's needs and preferences.
- People and relatives fed back positive comments about how people were supported. One relative told us, "Everyone that I have seen is very kind and caring."

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

- People were encouraged to make their own decisions where possible. We observed staff promoting choice around daily living with people. For example, with regard to what they wanted to eat and drink, or where they wanted to spend time.
- People and families were involved in developing care plans where possible. Records showed meetings with families were completed to discuss people's care. Advocacy services could be arranged for people who needed this additional support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted by staff. We observed staff would knock before entering people's bedrooms and encouraged people to be independent. Staff maintained people's dignity when supporting them with personal care.
- People's care plans considered what people could do for themselves and what they needed support with. We observed staff support people to remain mobile and encouraged the use of mobility aids. Referrals were made to specialist services for assessment and equipment to support independence where this was identified as appropriate.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People received person-centred care in line with their needs and preferences. Care plans contained detail about people's likes and dislikes, and we saw that staff were aware of how people wanted to be supported.
- An electronic care planning system was being introduced in the service, although paper care plans were still being used at the time of inspection. The impact of the new system will be reviewed at our next inspection.
- People and families spoke positively about how people were supported. One relative told us, "It feels like [family member] has come alive since they have been here."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and documented within care plans. Staff supported people in a respectful and dignified manner and were patient when communicating with people to allow them time to respond.
- The service was able to adapt information to different formats to meet people's communication needs which included translation, large print and pictorial adaptations as required.

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

- The provider had developed an initiative focusing on wellbeing, which was due to be launched within the home shortly after our site visit. This focused on a holistic approach to activities and interests that were person centred. We will review this initiative as part of our next inspection.
- Staff encouraged people to engage in various activities including craft and quiz activities. Following changes in guidance about the management of covid-19 the service was looking at rebuilding some of the community links. This included links with local church groups and schools, supporting people to access the community more frequently and arrange external entertainers to visit the service.
- People were supported to maintain contact with their families. Processes were in place to enable relatives to visit their family member safely in line with current guidance.

Improving care quality in response to complaints or concerns

- Complaints and concerns were investigated and responded to by the management team. Where concerns had been raised action was taken to remedy this and prevent future reoccurrence where possible.
- People, families and staff told us they felt able to raise issues and were generally confident these would be resolved. One staff member told us, "All the managers are good. I feel like they listen. I 100% feel able to raise any concerns."

End of life care and support

- The registered manager had a good understanding of how to support people reaching the end of their life. At the time of inspection nobody required this type of support but the registered manager was able to give examples of how they had supported people and worked closely with other agencies to keep people comfortable as they reached the end of their life.
- Staff had completed training in end of life care and understood how to meet the needs of people in this area.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives generally felt the service was good. One relative told us of how their family member had improved and said, "We have seen a dramatic change. [Family member] use to stay in bed but when they came here, they started getting up and going to the lounge." Where relatives had concerns, they felt able to raise these with the registered managers.
- Staff felt able to raise concerns and make suggestions to improve the service. One staff member told us, "We have staff meetings where there is an opportunity to discuss things. We all want the best for people and I learn something new every day."
- Regular checks and audits of the service were completed to ensure the service was safe. Records demonstrated issues were identified and any shortfalls were addressed with staff as necessary.

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

- Accidents, incidents, safeguarding's and complaints were investigated, and responded to by the management team. Responses, and an apology, were given when needed.
- Notifications about certain types of event which affect the service were being submitted to CQC as needed. The registered managers and management team demonstrated an understanding of their legal and regulatory responsibilities

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

- The registered managers worked closely together to ensure the safe running of the service. Staff had clear roles and were allocated responsibilities at the beginning of each shift.
- Staff felt positive about working at Orchid Villa and one staff member told us, "I think we have achieved a lot over the last few months. There are new staff and we work well as a team. We have tried to make things more person-centred and it feels like a nice atmosphere now. Hopefully families can see this when they visit."

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

- People and relatives felt able to feedback about the service and raise concerns as needed. One relative told us, "The registered manager is very approachable and they listen to me."

- The registered manager had recently reintroduced face to face meetings for people and families to discuss plans at the service. A survey had been completed at Orchid Villa and the feedback from this had been analysed and used to develop plans for future improvement.

Continuous learning and improving care; Working in partnership with others

- The provider and registered managers were very responsive to feedback and took quick action in response to the feedback given throughout the inspection. For example, following the initial day of inspection where we looked at infection prevention and control, additional processes were implemented.
- The provider and registered managers were keen to improve the service and engage in opportunities to develop their knowledge of good practice and work with other services to drive improvement. This was evident in the work that had been completed with the wellbeing programme.