

Flightcare Limited

Orchard Nursing

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Orchard Nursing accommodates up to 31 people over three floors who require personal and nursing care. At the time of the inspection there were 30 people using the service.

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

Risks assessments were completed and included risk management plans. Staff monitored people's health safety and wellbeing in line with their plans. Regular checks were carried out on the safety of the premises and equipment. There were effective systems in place to protect people from the risk of abuse and staff understood their responsibilities for keeping people safe.

People told us they were treated well and felt safe. People received their prescribed medicines at the right times by appropriately trained and competent staff. There were enough suitably skilled and experienced staff to meet people's needs and keep them safe and they were recruited safely. Most parts of the service were clean and hygienic although some areas and equipment were not cleaned as often as they should have been. There were some inconsistencies with staff around the use of PPE and disposal of clinical waste. These issues were addressed immediately by the manager.

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.

Improvements had been made following previous inspections. The manager and other senior staff had made good use of the providers systems and processes for assessing, monitoring, and improving the quality and safety of the service. The providers performance management systems were followed to promote improvement, learning and development.

People's needs were met through good partnership working with others including families and other external professionals and agencies. Lessons were learnt when things went wrong and shared with the staff team for their learning. Relevant others were notified about incidents, events, and outcomes of investigations. The provider and manager acted in an open and transparent way with relevant others following incidents.

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 February 2022).

Why we inspected

This was a planned 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Orchard Nursing

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.

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

The inspection was carried out by 1 inspector.

Service and service type

Orchard Nursing a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Orchard Nursing 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 was no registered manager in post. The manager had applied to CQC to become the registered manager.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the service since it registered with the Commission. We also obtained information about the service from the local authority and local safeguarding teams. 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 visit

We spoke with 6 people and 6 family members about their experience of the care provided. We also spoke with the manager, deputy manager 4 care staff and the cook.

We reviewed a range of records. This included 8 people's care records and a selection of people's medication records. We looked at recruitment records for 4 staff members employed since the last inspection. A variety of other records relating to the management of the service, including audits and checks were reviewed.

Follow up

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

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 we rated this key question requires improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were mostly assured that the provider was using PPE effectively and safely. A member of staff did not follow effective PPE guidance. This was addressed immediately.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found the likelihood of the spread of infection could be further reduced through better cleaning in between use of parts of the premises and equipment including a sluice room and wheelchairs.
- 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.
- The NHS Infection Prevention Control Team carried out an audit at the service in October 2022. The service scored 96% which represented a Silver Certificate for Excellence with infection prevention and control. This was an improvement following the previous audit.

Visiting in care homes

- Safe visits were carried out in line with current government guidance.

Assessing risk, safety monitoring and management

- Risk assessments relating to the health safety and welfare of people were completed and included plans for managing risk.
- Staff followed people's individual risk management plans. For example, they made sure the right equipment such as hoists, sensor mats and call bells were used for people at risk of falls. Staff also completed the required monitoring records to reflect the care given to people at risk of things such as skin breakdown and poor dietary intake. Monitoring records including food and fluid intake and reposition charts were reviewed daily for signs of any changes in risk levels.
- Staff received training and had access to the providers policies and procedures on how to respond to emergencies such as serious injuries and fire. Each person had a personal emergency evacuation plan (PEEP) detailing the assistance they needed to evacuate the building or reach a place of safety in the event of an emergency. PEEPs were easily accessible to those who needed them in the event of an emergency.

- Regular safety checks were carried out on the premises, appliances, equipment, and services. Staff received training on how to safely use equipment for providing people's care.

Using medicines safely

- Medicines were used safely.
- Staff responsible for the management and administration of medication were suitably trained and competent and this was kept under review.
- Staff followed the providers policies and procedures about managing medicines and they were in line with current legislation and guidance.
- People received their prescribed medicines at the right times. There were protocols on the use of medicines prescribed for people to be given when required (PRN).

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were established and used effectively to safeguard people from the risk of abuse.
- Staff received training and had access to guidance on safeguarding procedures and they showed a good understanding of their responsibilities for keeping people safe from the risk of abuse.
- Allegations of abuse were reported and raised with all relevant agencies in a timely way.
- People told us they were treated well and felt safe from harm and they would share any concerns about their treatment or safety. Their comments included, "Oh yes, I feel safe, very safe. I'm treated very well by them all [staff]" and "I'd let them know if I was worried about anything." Family members told us they had no concerns about the treatment and safety of their relative.

Staffing and recruitment

- Staffing and recruitment arrangements were safe.
- Staffing requirements were calculated based on occupancy levels and people's dependency needs. At the time of our inspection visit staffing levels and skill mix matched those needed to meet people's needs and keep them safe.
- People told us on most occasions their requests for assistance were attended to in good time. One person did however tell us, "On the odd occasion I've had to wait but it's usually at the busiest times like mornings. It's never too long though." Another person told us, "Sometimes I've waited but it's never been a problem."
- Applicants fitness and suitability to work with vulnerable adults was assessed through a series of pre-employment checks before they were offered a job. A check with the Disclosure and Barring service (DBS) was mandatory for all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Personal identification numbers (PINs) for nurses were checked each month to confirm they remained valid.

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 we rated this key question requires improvement. At this inspection this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care

- There was an experienced manager in post, and they were in the process of applying to become registered with the Care Quality Commission. The manager understood their role and responsibilities and regulatory requirements.
- The manager was supported by a deputy manager who is also the appointed clinical lead and a team of senior staff, all with clearly defined roles and responsibilities. A regional manager and company directors provided managerial support and maintained oversight of the service on behalf of the provider. The regional manager was present supporting the manager throughout the inspection.
- Managers had worked consistently to make improvements to the service following previous inspections. They have made good use of the providers quality assurance systems to assess, monitor and improve the quality and safety of the service.
- There had been occasions when the manager identified shortfalls in individual staff performance. There was evidence the providers performance management systems were followed in these instances and were used to promote improvement, learning and development for individuals as well as the whole team.
- Staff had access to the providers policies and procedures which were kept up to date with the law and best practice.

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

- The manager worked hard to promote a positive culture which was person-centred, open and inclusive.
- People and family members were complementary about the manager and staff and of the care provided. They told us they felt at ease raising any concerns and felt they would be listened to and acted upon. People told us, "I get good care, I've no complaints, I'd tell them if I had" and "I'm happy with everything." Family members told us, "The keep in touch about [relative] and include us in everything" and "If I've ever had any niggles they've listened and sorted it."
- Staff were knowledgeable about people's needs and we observed them treating people with respect.

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

- There was good partnership working with others to make sure people received the care they needed.
- Managers and staff worked with other health and social care professionals, such as social workers, specialist nursing teams, dieticians and speech and language therapists. Advice sought from other

professionals was followed to make sure people's needs were met.

- Staff supported people to maintain links which were important to them such as with family, friends, and church groups.
- Meetings were used as a way of engaging and involving people and staff. Daily flash meetings took place for staff to share information and updates about people's care, staffing, record keeping and policies and procedures. Regular staff meetings were also held for each department to discuss matters relevant to their area of work. Records of meetings were maintained and made available to all staff.

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

- There was a culture which encouraged candour, openness, and honesty at all levels.
- The provider and manager notified relevant others including CQC of incidents which had occurred and of any enquiries and outcomes.
- People and others were supported to access the complaints procedure and details of investigations and outcomes of complaints made were shared with those on a need-to-know basis.