

Roseville Orchard Court Limited

# Orchard Court

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Orchard Court Care Home is a residential care home providing personal care to 25 older people at the time of the inspection. The service can support up to 43 older people, some may be living with a dementia related condition.

The accommodation is spread over two floors and is currently in the process of being refurbished.

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

A new management team had recently been appointed and were making improvements since our last inspection. They had identified where improvements were needed and had plans in place to embed them into the service.

People had access to an outdoor area with seating and various activities based on their interests and hobbies. Staff engaged people in meaningful conversations about their life histories. Some dementia friendly activities were in place which the provider was looking to enhance further.

People were supported to have maximum choice and control of their lives. The application of the Mental Capacity Act (2005) was in place.

Some risk assessments were not reflective of people's current needs. The provider was in the process of updating these. Staff knew people well and could tell us how they managed risks to keep people safe.

Care plans were in the process of being reviewed and updated to include comprehensive records of people's current needs. Staff were knowledgeable about the people they cared for and supported them in line with their wishes and preferences.

People and their relatives told us they felt safe and trusted the staff that supported them. Staff knew how to protect people from potential abuse or harm. Safeguarding incidents had been logged and reported to the appropriate agencies.

Medicines management had been improved to include appropriate administration and recording of topical medicines. The provider was in the process of reviewing their practices to address the management and recording of medicines for pain relief and behaviour management. Lessons learnt were shared with staff during team and daily huddle meetings.

Staffing levels were consistently maintained, and contingency plans were in place to manage any shortfalls. New recruitment procedures were being put in place to ensure newly recruited staff were suitable to work in care. Staff told us that communications between management and staff had improved, they felt more involved in decisions about their role and the management of the service.

The provider had scheduled a comprehensive training package to update staff's skills and knowledge. Supervisions and appraisals had been scheduled for all staff and staff told us they felt supported.

The premises were designed to meet the needs of the people that used the service and further work was included in the refurbishment plans.

People told us staff were caring, kind and knew their needs well. Staff understood their roles and knew what was expected of them. Staff treated people with dignity at respect and supported them to be as independent as they could be.

The registered manager and the provider had plans in place to review all care records to ensure they were reflective of people's current needs. These reviews included people and their relatives or representatives to ensure their feedback and views were captured.

Staff told us they felt supported and valued by the registered manager and that substantial improvements had been made in a short period of time. People and relatives told us they could speak with the registered manager at any time and felt welcome when visiting the service. Complaints and concerns had been dealt with appropriately and people felt they were able to discuss any concerns they may have.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 16 October 2018). 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. The service has improved its rating to Good.

#### Why we inspected

This was a planned inspection based on the previous rating.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Orchard Court

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

Two inspectors and an Expert by Experience visited the service. 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

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

#### During the inspection

We spoke with four people who used the service and three relatives about their experience of the care

provided. We spoke with eight members of staff including the registered manager, deputy manager, operations manager, a senior care worker, two care workers, a domestic worker, activities coordinator and the chef. We also spoke with the hairdresser, a visiting health professional and two representatives from 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 reviewed four people's care records and multiple medicine administration records. We looked at two staff files in relation to recruitment and viewed training and staff supervision records. We looked at management records including audits, satisfaction surveys and partnership working with other agencies to improve services for people.

After the inspection

After the inspection the registered manager sent further supporting documentation for us to consider. These included; a training matrix, scheduled supervisions, staff meetings and fire safety documents.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we recommended the provider follow best practice guidance in relation to the management and application of topical medicines. The provider had made improvements.

- Medicines management policies and procedures were in place. People's topical medicines had been administered in line with the prescriber's instructions and accurately recorded.
- The effectiveness of some medicines had not always been monitored. For example, for pain relief or to help with certain behaviours. The provider was reviewing these records.
- Staff received medicines training and had their competence checked.
- Protocols were in place to guide staff how to administer 'as and when required' medicines, also known as PRN.
- The provider was in the process of reviewing all medicines management. The local pharmacist had completed an audit of medicines and improvements made. Staff were being supported to ensure improvements continued.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

- Risk assessments were in place and regularly reviewed. Staff were knowledgeable about people's needs and knew how to support them.
- The provider was in the process of refurbishing the building to include infection control measures. They agreed to update us when this work was complete.
- Equipment had been serviced regularly and cleaning schedules were in place.
- The provider had systems in place to prevent and control the spread of infections. Staff had received training in how to maintain good hygiene and infection control practices.
- Fire safety was managed effectively. Staff attended fire drills and knew how to safely evacuate people from the premises.
- The provider had systems in place to review and analyse accidents and incidents. These were shared with staff during team meetings to embed lessons learnt.

### Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the service was safe. One person told us, "Yes. I can just sit here and feel safe."
- Staff could describe different types of abuse and knew how to report them by following the provider's procedures or reporting to external agencies.

- Safeguarding incidents had been recorded and appropriate measures taken to ensure people's safety was maintained.

#### Staffing and recruitment

- The provider had identified where improvements needed to be made in their recruitment practices and had taken steps to make this process more robust.
- Records showed staffing levels were consistently maintained. Contingency plans were in place to cover staff absence at short notice.
- People told us they felt there was enough staff to meet their needs and our observations confirmed this.
- People told us staff responded to calls for assistance in a timely manner. One person told us when they pressed their buzzer for assistance, "It doesn't take them [staff] long, then three arrive."



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some mental capacity assessments and best interest decisions did not record input from external health professionals. However, the registered manager was able to advise when health professionals had been involved.
- Restrictions were in place for example, the use of bedrails. Best interest decisions were in place for these.
- Staff asked for people's consent before supporting their needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law: Adapting service, design, decoration to meet people's needs

- Assessments of people's needs considered their wishes and preferences. These assessments were used to develop care plans describing people's level of independence.
- Staff delivered care and support which considered people's diverse needs. For example, one person practiced a specific religion and the registered manager was looking at ways they could support them.
- People's rooms were personalised in line with their choices and included flowers, family photographs and framed pictures.
- Some dementia friendly signage was used to support people's independence and people had chosen the colour of their bedroom doors. The refurbishment plans would incorporate further signage to support people.

Staff support: induction, training, skills and experience

- Staff had received an induction and training before working alone unsupervised. The provider was updating staff records to evidence this.
- Staff attended monthly meetings and daily huddle meetings where any concerns could be discussed, and additional support put in place if required.
- Staff received regular supervisions and appraisals. The provider had scheduled these meetings for all staff to attend every two months.
- The provider had arranged extensive training to update all staff.

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

- People enjoyed their food and had plenty of choices. One person told us, "Its good food. If you want a little bit more, you can have it."
- Snacks and refreshments were available throughout the day.
- Staff supported people to maintain their independence with eating and drinking.
- People were supported to eat during mealtimes and staff offered gentle prompts to encourage people to drink.
- Staff knew which people were receiving specialist diets. The cook showed us how information was communicated to them when people's dietary requirements changed.

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 attended to in a timely way. One person said, "They [staff] know what they are doing."
- Staff listened to people and understood when they may be feeling unwell or need assistance from a GP. One person told us, "Yes, staff support. I would say I will stay in bed, they say we will keep an eye on you."
- Relatives told us they felt communications had improved since the new registered manager had come into post.
- Staff felt valued by the new registered manager and were working better as a team to achieve improvements throughout the home.

# Is the service caring?

## Our findings

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

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

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

- Positive feedback was given by most people and their relatives. One person advised, "Yes they [staff] are caring." A relative told us, "If we want anything we just mention it to them and they would do it."
- We observed positive interactions between staff and people.
- Staff engaged with people and supported meaningful conversations about their families or personal histories. This promoted a person-centred approach and staff knew what was important to people.

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

- Staff supported people to be involved with their care and support. They offered people choices, such as what to wear each day.
- People told us they were empowered to make their own decisions. These included decisions about when to get up or go to bed and when they would like to have a shower or bath.
- The registered manager and staff were working with people and their families to review people's likes and preferences and update them into care plans.
- People's needs around communication had been considered.
- People were supported by an advocate when they required support to express their views when making decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity was always respected by staff.
- Staff were mindful to respect people's privacy. We observed staff quietly talking to people when offering them assistance and asking permission before entering people's bedrooms.
- People told us staff supported them to be as independent as they could be. Staff had good knowledge of people's level of independence and the importance of not taking skills away from people.
- Personal records were securely maintained.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we recommended the provider to follow best practice guidance in relation to providing meaningful activity provision for people with dementia. The provider had made improvements.

- People living with dementia had opportunities to engage in activities that were meaningful to them. The garden area was accessible and secure for people to sit outside. The provider had plans in progress to further enhance people's experiences. These included; making the garden more sensory and inviting local school children to visit the service.
- People were happy with the range of activities on offer. One person said, "We have an entertainment lady who is pretty good. We have a saxophone player and a choir, dominoes and cards."
- Staff interacted well with people at risk of social isolation, such as people choosing to stay in their bedrooms. We observed staff singing to people and engaging them in conversations addressing them by their preferred names.
- People were supported by staff to maintain friendships and relationships. Relatives were able to visit people at any time day or night.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Individual care plans were being updated to include detail of people's current needs. The provider had plans to improve record keeping and remove any inconsistent information.
- Staff knew the importance of offering choices to people, so their needs and preferences were respected.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood and provided support to enable people to communicate effectively.
- Peoples' communication needs were assessed. Staff explained information in ways people could understand and information was accessible in alternative formats if required.

Improving care quality in response to complaints or concerns

- Complaints were recorded and responded to appropriately.
- A complaints procedure was on display in the front entrance for people and visitors to access.
- People felt able to discuss concerns with the registered manager or staff and felt confident these would be dealt with appropriately. One person told us, "Yes I know how to complain, and I have complained. Things won't get altered if you don't complain."

#### End of life care and support

- People's advance decisions about their care were recorded in their care plans, when needed. The registered manager was aware of the importance of exploring people's wishes and followed best practice guidance in this area.
- Staff knew to consider people's wishes to ensure they remained comfortable and pain free.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

Leaders and the culture they created in the past had not always supported the delivery of high-quality, person-centred care. New management had made significant improvements which needed time to become embedded within the service.

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

At our last inspection the provider had failed to maintain complete and contemporaneous records in respect of best interest decisions, risk assessments, care plans, and complaints. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had been in post for six weeks at the time of our inspection. They were clear about their role and responsibilities and had made significant improvements working with a collaborative and supportive management team.
- Audits had identified most issues we found during the inspection and measures had been put in place to address them. Most of these were recording issues, such as reviewing and updating care records and recording the effectiveness of some medicines.
- Effective leadership over a short period of time had improved communications between management and staff. This supported the registered manager to drive improvements in care standards with the support of a hardworking and conscientious staff team.
- The registered manager understood their legal responsibility to notify the CQC about incidents that affected people's safety and welfare.

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

- The registered manager and staff knew people well and encouraged a friendly and welcoming environment.
- People told us they felt supported by staff who adapted to their changing needs, such as when they felt unwell or needed additional support from other health professionals.
- The management team were committed to ensuring better outcomes for people and had an extensive

programme of improvements to roll out. This included an events programme to open additional opportunities for people.

- Staff felt supported by the registered manager and included in suggestions to improve the service. One member of staff said, "The new manager has not been here long. Seems to be well liked, staff and residents like her."
- Regular communications with people, their relatives and staff ensured issues were immediately addressed.

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; Working in partnership with others

- The registered manager understood their responsibilities of the 'duty of candour' regulation: to act in an open and honest way when shortfalls in providing the service were identified. Records demonstrated they apologised when issues were raised and were open and honest in their approach.
- During the inspection the manager had immediately taken measures to address issues or provide additional information. They had a proactive approach and good oversight of the service.
- The provider had encouraged external agencies and health professionals to work collaboratively with them to improve outcomes for people. These included, the local pharmacy, Healthwatch and the local authority.
- Improvements had been made by the registered manager and the management team to ensure incidents and accidents were analysed and lessons learnt shared with the staff team.
- The service had links with the local community and had plans to explore these further. People were supported by staff to access events held outside the service if they wished to do so.
- We received positive feedback about the service from visiting health professionals. Healthwatch professionals told us, "Relationship management is good here. Staff are open to change and moving forward." A health professional said, "Work that has been done now is a testament to [name of registered manager] and her skills. She engages really well, comes across well and wants to work with us. She has good knowledge. I totally trust that if she says she is going to get the GP out that she will do." This demonstrated the management team were effective and committed to supporting sustainable improvements longer term.