HC-One Limited

The Orchards

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

We carried out an unannounced comprehensive inspection of this service on 1 and 5 February 2018.

The Orchards is a home for people who receive accommodation and nursing care. A maximum of 72 people can live at the home. There were 55 people living at home on the day of the inspection. At the last inspection in November 2017, the service was rated Requires Improvement. This was because the provider had failed to ensure systems and processes were place to assess, monitor and mitigate risk to people living in the home. The provider had a condition placed on their registration to provide a monthly review to demonstrate how they were working towards making the required improvements. This was to ensure people living at the home remained safe while improvements were made. At this inspection we found the service had improved and was now Good overall.

People living in the home told us that staff assistance maintained their safety and made the home safe. People were able to minimise the risk to their safety and were supported by staff offering guidance or care that reduced those risks. Nursing and care staff understood their responsibilities in reporting any suspected risk of abuse and the expected action that would be taken. Staff were available for people who had their care needs met in a timely way. People's medicines were managed and administered for them by the nursing staff in safe way to support their health needs.

Staff were knowledgeable about people's support needs. Staff told us the training they received and guidance from managers maintained their skill and knowledge. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had a choice of where they ate their meals, and people enjoyed the food on offer. Where people needed support to eat and drink enough to keep them healthy, staff provided one to one assistance. People had access to other healthcare professionals from the point of admission and ongoing review which provided treatment, advice and guidance to support their health needs.

People were seen chatting and spending time with staff. Relatives we spoke with told us staff were kind and friendly. Staff told us they took time to get to know people and their families. Staff supported people, some of whom were on short visits to the home. People's privacy and dignity was supported by staff when they needed personal care or assistance. People's daily preferences were known by staff and those choices and decisions were respected. Staff promoted people's independence and encouraged people to be involved in their care and support.

People's care needs had been planned, with their relatives involvement where agreed, which had been recorded in care plans and had been reviewed and updated regularly. People also told us they enjoyed the social aspect of the home and the activities offered which had improved since our last inspection.

People and relatives knew how to make a complaint if needed. People also told us they would talk with staff if they had a question or concern. The provider had policies and processes in place to ensure that any complaints received were investigated and responded to.

Since the last inspection the manager had developed the existing quality assurance systems and people had the opportunity to state their views and opinions with surveys and meetings. Audits had been fully implemented to identify and record the required ongoing improvements. However, a registered manager will need to be in post and the provider to demonstrate consistent and sustainable good practice overtime.

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 good.

People felt safe and protected from the risk of abuse. There were sufficient staff throughout the day and night to support people's needs. The provider made checks to ensure that staff were suitable for their roles.

People received their medicines where needed and the home was clean. The provider had systems in place to manage the risk of the spread of infections.

Incidents and accidents were monitored and used to make improvements in the service.

Is the service effective?

Good

The service was effective.

People were supported to make their own decisions about their care.

People's care needs and preferences were supported by trained staff.

People's nutritional needs had been assessed and people had a choice about what they ate.

Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good

The service was caring.

People received care that met their needs. Staff provided care that was respectful of their privacy and dignity and took account of people's individual preferences.

Is the service responsive?

Good

The service was responsive.

People were promoted to make everyday choices and had the opportunity to engage in their personal interests and hobbies.

People and their representatives who used the service were encouraged to raise any comments or concerns with the manager.

Is the service well-led?

Good

People and staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

The Orchards

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

Inspection site visit activity started and ended on 1 February 2018 and ended on 5 February 2018 and was unannounced. The inspection team consisted of one inspector, one nurse specialist advisor and an expert by experience who had experience of residential care settings. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the home and looked at the notifications they had sent us. Statutory notifications include information about important events which the provider is required to send us by law. The inspection considered information that was shared from the local authority and Clinical Commissioning Group (CCG) who are responsible for commissioning care.

During the inspection, we spoke with eight people who lived at the home and three visiting friends and relatives. We also spoke with six care staff, two nurses, the deputy manager, the home manager and a manager who had previously worked at the home.

We reviewed the risk assessments and plans of care for five people and looked at22 medicine records. We also looked at 16 provider audits for reviewing people's care, the home environment and maintenance checks, Deprivation of Liberty authorisations, complaints records, an overview of the last two months incident and accident audits, the home improvement plan, staff meeting minutes and 'residents' meeting minutes.

Good

Is the service safe?

Our findings

At the last inspection the service was rated as Requires Improvement as people's medicines had not always been managed safely. At this inspection we found the service had made improvements with managing people's medicines.

All people were supported by nursing staff to take their medicines every day. One person told us, "I get my tablets when I need them". Nursing staff who administered medicines told us how they ensured people received their medicines at particular times of the day or when required to manage their health.

Clear and detailed records had been completed for people's routine prescribed medications. When people needed medicines 'when required', there were protocols in place in relation as to why and when the medication should be administered. Where people required a short term course of medicines we saw that these had been ordered and administered. People's medicines records were checked frequently by the nursing and management team to ensure people had their medicines as prescribed. The home provided short term rehabilitation nursing care to people who were recovering following a hospital admission. On admission to the home each person's medicines were checked in by the nursing staff and documented in the care plans.

All people we spoke with felt the home offered a safe environment and had no concerns about their well-being. One person told us, "Staff help me feel safe". People told us they knew there were fire alarms that were tested and the home was a secure place to live. People's friends and relatives were confident that people were safe and staff ensured people remained safe. Consideration had been given to providing a safe environment for people. Personal fire evacuation plans had been completed and staff knew how to support people in the event of an emergency. Fire safety procedures and checks were also in place.

Care staff we spoke with showed a good understanding of their responsibilities to keep people safe in line with the provider's policy and procedure. They were able to describe what action they would take if they were concerned about the way a person was being treated. One member of staff told us, "I would speak to the manager, she is very good, you can approach her." Another staff member told us, "I had concerns and I spoke with the manager, she dealt with it straight away." The manager demonstrated they had acted upon concerns raised by notifying the local authority and CQC as needed.

Where people had risks associated with their care the required equipment had been identified and put in place. Where people needed support from staff to maintain their safety, staff were available and knew the support and guidance to offer, for example using aids to support their walking. Staff we spoke with knew the type and level of assistance each person required, for example, where people required the aid of hoists or specialist wheel chairs. One person told us, "Carers are careful. I trust them". Nursing staff understood the health risks and how to support people to remain well, for example attending to the clinical needs of residents.

We reviewed pre admission plans which were completed prior to people being moving into the home. These

showed they had been completed with relevant information that would assist the staffing team in developing the care plans. This showed the provider how were able to meet the needs of the person and assist staff that were providing nursing care.

The care folders that we reviewed had a history of risk, for example one person had associated risks with mobility due to physical associated problems. The risk had been assessed accordingly and documented correctly within their folder with guidance for staff provide care safely. We saw that staff were supporting people with their mobility and knew how to support people to remain safe.

Where an incident or accident had happened these had been documented and reported to the management team. Further review had then identified how or why the incident may have occurred and whether a referral to other health professionals was needed. The home worked closely with occupational therapist and physiotherapist to maintain and improve people's mobility. All staff we spoke with told us that any changes were always addressed without delay and they were informed of any changes. The provider also recorded an overview of all incidents and accident to identify any trends or health and safety concerns within the home. Where a potential health and safety incident required further investigations these had been undertaken by an internal team. We saw the provider used this as learning from any untoward incidents, in order to reduce the risk of recurrence, such as if people were falling regularly in a particular part of the home or at a certain time of day.

All people we spoke told us staff were available and we saw that staff were available in the communal areas and responded to requests and call bells that people used when they wanted staff. We saw staff assist people without rushing and making sure nothing further was needed. One person told us, "Staff work together as a team". Nursing staff told us they had time to spend with people and we saw two nursing staff on duty who were able to provide people with medicines and clinical support. One person told us, "They [staff] work hard".

People's dependency levels were used so the management team knew how many staff were needed. This was reviewed monthly by the home manager for accuracy and any changes such as holiday or sickness cover was needed. When recruiting staff a completed application form was used and they were interviewed to check their suitability before they were employed. Care staff had not started working for the service until their check with the Disclosure and Barring Service (DBS) was completed. The DBS is a national service that keeps records of criminal convictions. We looked at two staff files and saw the relevant checks had been completed. This information supported the provider to ensure suitable staff were employed, so people using the service were not placed at risk through their recruitment practices.

The home was clean and free from clutter on the day of the inspection. People rooms and communal areas were cleaned by staff. People's laundry was collected and washed by home within a separate laundry areas. Staff who prepared food were seen to observe good food hygiene and staff ensured the home overall cleanliness were of a good standard to help reduce the risk of infection.

Good

Is the service effective?

Our findings

At the last inspection, the service was rated Good and at this inspection we found the service remained Good.

People that we spoke with were happy that staff understood their care needs well and were able to provide the care they wanted and needed. One person told us, "Staff are fine they understand my needs". Care plans showed that people had been supported to have improved health outcomes such as maintain a healthy weight and healed wounds. Relatives said that staff and management were knowledgeable about their loved ones care needs and the support they needed. One relative told us, "They [staff] have been trained to understand and show their love for these residents". The nursing staff also provided care in line with current guidance and took advice that had been given by community health professionals and GP's.

The provider had developed a section of the home to provide short term care to people leaving hospital in association with the local Clinical Commissioning Group (CCG). People saw their GP as needed and their professional consultants to review their health and care needs. People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. People had seen opticians, dentists when they required it. Records showed where advice had been sought and implemented to maintain or improve people's health conditions.

Nursing and care staff told us about the needs of people they supported and how they had the knowledge to support and responded accordingly. Staff we spoke with told us the training was focused on both mandatory courses, such as first aid and safe moving and handling and externally recognised qualifications. Nursing staff told us they were offered the choice of developing further with externally accredited courses in care, for example a wound management and syringe driver management course and records showed they had been signed off as competent. All staff received supervision, which they told us supported them in their role and in caring for people.

All staff we spoke with told us that the management team supported them in their role to provide good quality care for people. One staff member told us, "[Manager] is respectful and listens to us and we have observations and supervisions". They told us that in addition to the management team being always available to talk to they also had structured routine meetings and supervisions to talk about their role and responsibilities. The nursing staff used peer group support meetings to discuss clinical knowledge and practice examples.

We found the meal time experience for people was unhurried, relaxed and calm. Where people required assistance and prompts with their meals staff were attentive to people's needs. People were happy with the food and choices offered. The chef provided two main meals at lunchtime and some people told us they were asked the day before for their preferred option. One person told us, "I eat in my room, I prefer to". One of the kitchen staff told us, "I make fresh cakes for the residents, if they require something different outside the menu choice, they only have to ask, and I will cater for their needs".

We saw that people in the dining room were given their meals and were seen to enjoy the meal. People were helped to maintain their independence with eating and drinking and we saw aids in use, such plate guards and adapted cups. Staff understood the need for healthy choices of food and were able to tell us about people's nutritional needs. People had access to drinks during the day or people were able to ask staff for them. Food was available out of the normal kitchen time periods, such as sandwiches, toast and soup available for care staff to warm.

People chose how they spent their time at the home and were supported with a number of communal lounges, a library area and quiet lounges where there were no televisions or activities. The home made these areas accessible for people and along with the outside garden area.

People had agreed to their care and support and had signed consent forms where needed. Where a person had been assessed as needing help or support to make a decision in their best interest this had been recorded to show who had been involved and the decision made. Where people had appointed a person to make decisions on their behalf, these people had been involved in any decisions made. All staff we spoke with understood the Mental Capacity Act 2005 (MCA) and that all people have the right to make their own decisions. Staff knew they were not able to make decision for a person and would not do something against their wishes.

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. The application procedures for this in care homes and hospitals are 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 were being met. Authorisations were in place and applications had been made to the local authorities where the management team had identified their care and support potentially restricted their liberty.

Good

Is the service caring?

Our findings

At the last inspection, the service was rated Good and at this inspection we found the service remained Good.

People we spoke with told us they enjoyed living at the home and had developed positive relationships with the staff. One person told us, "Some give me a cuddle. I get a bit depressed". People told us how the staff were kind, caring and attentive to them. One relative told us, "[Staff names], they go above and beyond". The communal areas were enjoyed by people involved in activities and we saw people enjoying their time together and with the staff supporting them. One person told us, "Where people are homesick the carers always go and talk".

Relatives told us there were no restrictions on visiting. To promote people' dignity the provider had protected meals times; this is where visiting professionals for example are encouraged to avoid meal times. We saw that visitors were welcomed by staff at the home who took time to chat with them.

People were comfortable with staff who responded with fondness and spoke about things they were interested in. We saw one staff member chatting to a person about their family. Staff knew people's individual communication skills, abilities and preferences. They used a range of ways to ensure people could be involved in how they felt about the care the home provided and whether they had a sense of belonging and feeling that they mattered. One staff member told us, "We work hard to make this their home". Staff were seen to show genuine concern for people's wellbeing. One staff member told us, "I feel rewarded by working at this home, we work as a good team". During the inspection, the staff that were on duty showed compassion with meeting people's needs and demonstrated a caring attitude.

People told us the staff involved them with their daily care, such as how much assistance they needed or if they wanted to stay in bed or their bedroom. We saw staff were addressing people with empathy and assuring people being transferred by hoist that they were safe, diverting them with friendly jokes or conversation. People told us they were free to spend time where they wanted and their preferences and routines were known and supported. For example, their preferred daily routines were flexible and their choices listened to by staff.

All staff we spoke with were able to tell us people's preferred care routines or told us they always asked the person first before delivering their care and support. They said they respected people's everyday choices in the amount of assistance they may need and this changed day to day.

People told us about how much support they needed from staff to maintain their independence within in the home. Two people told us staff offered encouragement and guidance when needed. People told us how they were supported to remain independent as in the things they chose to do, for example to go out daily to feed the birds; the role of home postman; help staff to consider the requirements of installing an aquarium and water the outdoor plants in the summer. Staff appeared to embrace people's levels of independence and knew how to best encourage their individual skills.

People received care and support from staff who respected their privacy and people we spoke with felt the level of privacy was good. When staff were speaking with people they respected people's personal conversations or request for personal care. Respect was shown in the way private information was displayed in the office and on the staff area notice boards. People's personal information was not displayed publicly within the home and their privacy was respected.

Good

Is the service responsive?

Our findings

At the last inspection on 2 August 2017 the service was rated as Requires Improvement as not all people had been actively encouraged or involved in activities. At this inspection we found the service had made improvements with staff dedicated to improving people's choice and involvement in a range of things to do and the service has been rated as Good.

People told us about their hobbies and interests and the things they could do day to day and how they chose to take part in group activities. One person told us, "The entertainment side is better. They've lifted it". People told us they enjoyed the regular visit from the local nursery children. People had celebrated events and people had recently celebrated Burns' Night, which one person told us they had particular enjoyed. One relative told us that activities had improved and the staff that delivered them were really good. Two staff members that provided group activities also spent individual time with people, such as having a coffee and a chat with people. People's religious choices were known and visits to local churches took place and were supported by staff to attend the local services

People we spoke with told us they received the care and support they wanted. In three care plans we looked at, they showed how people's health and well-being had been reviewed consistently and improvements were noted in people's weight and skin conditions. Relatives told us they were confident that their family member's health was looked after and were informed of any changes or updates.

People's health matters were addressed either by nursing staff at the home or other professionals. Care staff told us they recorded and reported any changes in people's care needs to the nursing team, who listened and then followed up any concerns. For example contacting the GP or specialist nurses for appointments or telephone consultations, staff then responded to any changes suggested or directed when required. People's needs were discussed when the staff team shift changed and information was recorded and used by staff coming onto their shift to ensure people got the care needed. The nurse leading the shift would share any changes and help manage and direct care staff.

People's needs had been assessed prior to them moving to the home and people's records detailed their current care needs which had been regularly reviewed and any changes noted. These showed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, where a person had developed pressure sore, information about the condition was placed in their plan so staff could access and understand how if affected the person. The information gained from these assessments was used to develop care plans to aim to ensure that people received the care and support they needed. When we spoke with staff about people's needs, they were familiar with them as were able to provide information about people's assessed needs. Care plans were reviewed at least every month.

All people and relatives we spoke with said they would talk to any of the staff if they had any concerns. All staff and the registered manager said where possible they would deal with issues as they arose. The manager had recorded, investigated and responded to complaint and shared any learning with the staffing team. Examples included replacing missing items and reminders at staff meetings and supervisions to

ensure care documents are accurately completed.

We spoke with nursing staff about how people were supported at the end of their life. They had completed an end of life care plan which was person centred and recorded the wishes of the person in the event of their death in detail. Where there was a completed Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place there were records of the discussions which had been done in a timely and sensitive manner. In addition, relatives were invited to visit around the clock.

Good

Is the service well-led?

Our findings

At the last inspection in November 2017, we identified a continued breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure systems and processes were place to assess, monitor and mitigate risk to people living in the home. The provider had a condition placed on their registration to provide a monthly review to demonstrate how they were working towards making the required improvements. This was to ensure people living at the home remained safe while improvements were made.

Since the last inspection the manager had developed the existing quality assurance systems which now demonstrated how they monitored and assessed the standard of care people received. Audits had been fully implemented to identify and record the required ongoing improvements. The manager told us they were working through the actions from our last report and were prioritising the concerns.

There was manager who had been in post for five weeks and had applied to register with CQC and their application was in progress. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we reviewed the improvements that had been made and spoke with people about living at the home.

People and their relatives were complimentary about the management team at the home and the positive relationships that had been developed. People were not always able to tell us who the home manager was, however the current manager was still new within the service. People told us overall they were satisfied with their care and one person told us, "Very good. I wouldn't like to go anywhere else". People, staff and visiting relatives we spoke with felt everyone in the home worked well together. One person told us, "I'm settled. I'm quite happy. My health has improved. Five years ago when I came here I was in a bad way."

People and their relatives were asked for feedback about the service they received and the way they were looked after. This was done during planned meetings, planned care reviews, and questionnaires. Not everyone we spoke with was aware of the meetings that took place. The manager was able to provide the minutes the action points which were displayed if they people were unable to attend. The most recent questionnaires had recently been sent and the provider was in the process of collating the responses.

The staff team told us that the management team and provider made sure people were cared for. Regular staff meetings were held and staff told us they were encouraged to make suggestions and were listened to. Staff reported that the manager was approachable, and had an open-door policy.

Staff we spoke with understood the leadership structure and the lines of accountability within the home; they were clear about the arrangements for whom to contact out of hours or in an emergency. Staff told us

they felt there was an open culture amongst the staff team and one member of staff told us, "I know I can go to the manager whenever I want." Another member of staff told us the manager was, "Supportive towards me. I feel that I am able to approach the manager".

Staff members knew the process to follow if they had needed to raise concerns about a colleagues' working practices. They understood the provider's whistleblowing procedure and their responsibility to pass on information of concern. Staff were aware of other organisations they could approach if they felt that the provider did not take the appropriate action. One staff member told us, "If I had concerns about another carer, the registered manager would deal with it."

The provider had a range of different measures in place to assess and monitor the quality and safety of all aspects of home life. The manager had submitted these audits as reports to the provider. This ensured the provider was aware of how the service was doing and the provider made regular visits to ensure these audits were a true reflection of the home and the care provided. Where shortfalls were identified as a result of the audits, an action plan with timescales was put in place to ensure improvements were made. Any accidents and incidents were reported on and were analysed and investigated to ensure that lessons were learnt, acted upon and that risks were reduced or eliminated where possible. Where required other health teams had been referred to, such as mental health teams in support of people's care.

The manager was supported by their regional manager and another registered manager from the provider's other location. They discussed their homes and what had worked well and exchanged ideas for suggested improvements. The manager told us they felt this supported them to be aware of changes and information that was up to date and relevant. The number of complaints received by the service were also reported on. Any safeguarding alerts, 'resident' and staff issues were also reported as required. The manager attended management meetings with the provider and this enabled them to share information. In addition information was shared about events that had happened in their service, outcomes of CQC inspections, feedback following visits by health and social care professionals and other regulatory bodies.

The manager felt supported by the provider to keep their knowledge current. The provider also referred to National Institute for Clinical Excellence (NICE), CQC and Skills for Care for support in guidance about best practice and any changes within the industry. They worked with specialists within the local area to promote positive working relationships. For example, the local authority commissioners and people's social workers.

The manager was aware when notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the service and which the service is required by law to tell us about. This meant we were able to monitor how the service managed these events and would be able to take any action where necessary. The last inspection rating was clearly displayed in the entrance to the home.