

HC-One Limited

Orchard Mews

Inspection report

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Date of inspection visit:

20 July 2023

26 July 2023

Date of publication:

01 September 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Orchard Mews is a residential care home providing personal and nursing care to up to 39 people. The service provides support to older and younger people living with dementia, learning disabilities and autism. At the time of our inspection there were 27 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Right Support:

People were supported by staff who understood their care and support needs. Risks in relation to people's care and support were assessed. However, we found these difficult to understand. Assessments contained relevant information but were in a piecemeal order which led to a disjointed approach to determine people's needs. Despite this staff knew people very well, including new starters.

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. However, we noted staff needed further training around applying MCA (Mental capacity act) due to limited knowledge when considering mental disorders.

There were enough staff to support people as the service had recently undertaken a recruitment drive. Agency staff and internal bank staff had supported the service with any shortfall previous to this. The same agency workers were used to allow continuity of care.

Right Care:

People received kind and compassionate care from staff who knew them well. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. People were safe and staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People's family members spoke positively about the care planning process. One person's relative told us,

"We are very much involved in [person] care, they are always asking us what we think and want."

Right Culture:

There was a positive culture at the service, that promoted good outcomes for people. Staff were inclusive and natural. Everyday interactions with people that were kind, enabling and very respectful. Systems and processes were in place to monitor the quality of the service and drive improvements. The service was currently undergoing a refurbishment.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published August 2019).

Why we inspected

The inspection was prompted in part due to concerns received about medicines and staffing. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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. The overall rating for the service is good. This is based on the findings at this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 Mews

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

2 inspectors carried out the inspection on day 1 and 1 inspector on day 2. An Expert by Experience made telephone calls to relatives. 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 Mews 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. Orchard Mews 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 20 July 2023 and ended on 7 August 2023. We visited the location's service on 20 & 26 July 2023.

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, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used 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 spoke with 5 people who used the service and 13 relatives about their experience of the care provided. We spoke with 9 members of staff including, the registered manager, managing director, area manager, quality improvement lead, 2 care assistants and 1 senior care worker and 2 nurses. We gained feedback from external professionals.

We reviewed a range of records. This included 5 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and welfare were assessed and managed. However, we found these difficult to understand. Assessments contained relevant information but were in a piecemeal order which led to a disjointed approach to determine people's needs. Despite this staff knew people very well, including new starters. The provider was receptive of this feedback and assured us they would act upon this shortfall immediately.
- People were supported by staff who knew them well and what might pose a risk to their welfare. We observed staff working safely with people in line with professional guidance and strategies.
- Health and safety certifications were up to date including water checks, electrical, gas and fire safety procedures. Regular audits were in place to ensure the environment was safe for people.
- Accident and incidents were managed safely. The registered manager had oversight of accidents and incidents through a tracker and used this information to drive service improvements. Analysis of incidents was used to assess whether preventive measures could be introduced, and lessons learnt to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. The provider had procedures and knew and understood who to contact if they had concerns about people being abused.
- Staff had received training on recognising and reporting abuse. Staff were able to tell us what they would do in the event of concerns relating to abuse.
- People told us they felt safe and were well cared for. We observed people in the home and interacting with staff. People were relaxed, engaging with staff, and going about their day. One person said, "The staff are very good here and they understand my needs. They do everything you could ask for and are always around."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was mostly working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. However, we noted staff needed further training around applying MCA due to limited knowledge when considering mental disorders. This was feedback to the registered manager and provider, and they agreed to immediately address this shortfall.

Staffing and recruitment

- Staff were recruited safely. A range of pre-employment checks were carried out to ensure only suitable staff were employed. These included DBS checks (Disclosure and Barring services), obtaining references and checking employment histories.
- Relatives told us they felt there were staffing issues, one relative said, "The entry to the home at weekends is not good, sometimes you wait ages to be let in. I think they have staffing issues." Another relative said, "I feel there has been a large turnover of staff and they seem to be using agency in replacement."
- There were enough staff to meet people's needs. The registered manager informed us they had recently undertaken a massive recruitment drive. Agency staff and internal bank staff had supported the service with any shortfalls before this. The same agency workers were used to allow continuity of care.
- We saw staff were available when people needed them and responded promptly.

Using medicines safely

- Medicines were managed safely. Staff supported people to take their medicines in a person-centred way. Medicines were stored at the service securely and records were completed accurately. We counted a random sample of medicines and found that they tallied with records held.
- Protocols for PRN medicines (as required medicines) were robust. Protocols were in place and had information of how to assess when a medicine should be given.
- Checks of room temperatures and fridges were completed. Controlled Drugs were stored correctly and securely, records in relation to Controlled Drugs were completed in line with requirements.
- Staff had received training and their competence in administering medicines was assessed periodically.
- People told us they got their medicines as and when they needed them. One person said, "I find my medicine is always given to me on time."

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 assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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

- Visiting was in line with government guidance and health professionals' advice. Visitors were not restricted in any way and safety was promoted while on site.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- The culture was person-centred. Systems were in place to obtain and respond to the feedback from people, relatives and staff. Annual surveys are sent out to staff, people, and their relatives to gain their feedback. All results are collated, and shared. Depending on the results action plans are put into place.
- Relatives spoke positively about the care their loved one's received. One relative said, "Staff are just lovely, they always go out of their way. I actually feel they do more than they need to. They ask us how we are doing too."
- The registered manager created an environment which was open and inclusive. Staff felt well supported and said they could always talk with the registered manager if they had any worries or concerns. One staff member told us "[Registered manager] is very approachable and they always give us a listening ear and sense of belonging."
- Relatives spoke highly of the registered manager. One relative said, "I cannot say enough wonderful things about [registered manager]. They are an angel sent from God, they go above and beyond. I think they struggle to get good quality staff, they seem to come and go and they agency staff are used, [registered manager] tries her best."
- The registered manager and provider were highly committed to improving the service they provided and had introduced a number of incentives. For example, the provider had introduced something called wage steam, this allowed staff to access part of their wages early should they wish or if they worked overtime, they could request to be paid straight away.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manger understood duty of candour. They were open and honest when things went wrong. However, it was identified that some incidents hadn't been identified as a duty of candour when reporting to the CQC. This was feedback to the registered manager and action was taken immediately to address this.

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

- Governance processes were effective. These processes helped to keep people safe, protect people's rights and provide good quality care. For example, the management team undertook a range of regular audits across the service.
- Information relating to the running of the home was openly discussed and shared amongst management

and staff. This information provided accountability and oversight of what was happening in the home, and staff at every level contributed towards future development plans of the service.

- The registered manager was clear about their role. They understood the need to lead by example and offer the team support.
- The registered manager had been nominated for multiple awards. They had recently won the award for care and times and there was an article placed in the care and times magazine about the registered manager and winning the award.

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

- A system was in place to involve staff in the service. Staff meetings were held monthly and daily flash meetings. Staff were given updates about people who used the service as well as reminders about training.
- The service was currently undergoing a refurbishment. Meetings had been held with people to get their wants/opinions for how they would like the home to be decorated.
- Staff, people and relatives spoke positively about the refurbishment. One staff member said, "We are all delighted to see the home being refurbished. It will make it nicer place for people to live and for us to work."
- The service worked well in partnership with other health and social care organisations, which helped people using the service improve their wellbeing.
- The service worked with many other organisations. The local church visited the home weekly. The local primary school also sent well wishes cards into the residents and the residents could respond should they wish.