Caring Homes (TFP) Group Ltd

The Orchard Nursing Home

Inspection report

129-135 Camp Road
St. Albans
AL1 5HL

Tel: 01727832611

Date of inspection visit:
16 July 2019

Date of publication:
31 July 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
The Orchard Nursing home is a purpose-built residential care home providing personal and nursing care to 59 older people at the time of the inspection. The service can support up to 63 people.

People's experience of using this service and what we found
People were happy with the care and support they received. Staff were friendly and attentive to people's needs. There were enough staff to meet people's needs and they were trained and felt supported.

People felt safe and staff were aware of how to promote people's safety. Regular checks were in place to ensure staff worked in accordance with training and health and safety adhered to.

The environment was pleasant with plenty of communal space for people to enjoy. Items of interest were placed around in the unit which mainly supported people living with dementia. People enjoyed the activities and there were systems in place to help prevent people becoming isolated.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were involved in planning their care and they, along with their relatives felt listened to. Complaints were well managed, and feedback was sought through meetings and surveys.

Feedback about the registered manager and management team was positive. There was an open culture in the home and the expectation was people came first. The quality assurance systems checked to ensure the home was running how it should and people received a good service.

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

The last rating for this service was requires improvement (published 27 April 2018). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection. At this inspection the service had improved its rating to Good.

Why we inspected
This was a planned inspection based the date of registration.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

The Orchard Nursing Home

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:
The inspection was carried out by two inspectors.

Service and service type:
The Orchard Nursing Home 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. A registered manager 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.
The inspection visit was carried out on 16 July 2019.

What we did before the inspection
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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection
We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with the senior regional manager, regional manager and the registered manager, deputy manager and seven members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at updates to people's records and quality assurance records.

Good

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 the rating has improved to Good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel very safe here because it is cosy, and the staff are nice." A relative said, "We all feel that [person] is very safe here."
- Staff had received training on how to recognise and report abuse. They were reminded of their responsibly and the process during meetings.
- Information on reporting concerns was displayed in the home and concerns had been reported appropriately.

Assessing risk, safety monitoring and management

- People had their individual risks assessed.
- Staff were aware of individual risks and we saw them working safely. However, one person was altering mattress settings in people's rooms on one unit. Staff were aware of this and on the day of inspection the deputy manager implemented a new checking chart to ensure mattress settings were checked and correct when people were in bed.
- Accidents and incidents were reviewed for themes and trends. There were falls management meetings to ensure that all remedial action had been taken and to remind staff of what was expected following a fall or incident.

Staffing and recruitment

- People told us that there were enough staff to meet their needs. One person said, "There seem to be enough staff." Relatives also told us there were enough staff. One relative said, "There are always enough staff about, always."
- Staff said there were enough staff and that agency staff were not often used.
- We saw that people received support in a timely manner.
- The recruitment process helped ensured only staff suitable to work in a care setting were employed. The appropriate checks, such as a criminal records check and references sought, were carried out.

Using medicines safely

- People received their medicines when needed.
- In most cases, records tallied with stock held. One daily count record did not accurately agree with the stock held, however, the quantity of medicines was correct, so this was a recording issue.

● There were regular checks on medicines management within the home and any shortfalls were addressed straight away.
● Staff had received training and there was a new training programme in progress to further their knowledge.

Preventing and controlling infection
● The house was clean and there were systems in place to manage infection control.
●Staff had received infection control training and we saw this being put into practice.
● People and their relatives told us the house was kept clean. One relative said, "Cleanliness is really good, it doesn't matter what time or what day we come in it is always clean and fresh."

Learning lessons when things go wrong
● Where incidents, accidents and complaints had occurred, or updates needed, the registered manager shared this information with the staff team through meetings, information posters and supervisions.
● Staff confirmed that they were kept informed of changes.

Good

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 Good. At this inspection the rating has remained Good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People had their needs assessed prior to moving into the service to ensure their needs could be met by staff. Any plans and equipment required was in place when people arrived. Plans were then further developed as staff became familiar with people's needs, choices and preferences.
- Staff were kept informed of expected standards of care and support by the management team and this was checked at daily meetings and during the management teams' observations.

Staff support: induction, training, skills and experience
- People told us they felt staff were trained for their role. One person said, "They are all very nice and seem to know what they are doing."
- Staff had received training in subjects relevant to their role and they told us they felt equipped for their role.
- Staff said they felt supported and had regular one to one supervision meetings. New staff received an induction.

Supporting people to eat and drink enough to maintain a balanced diet
- People enjoyed a varied and balanced diet. Drinks were provided regularly.
- Food looked appetising and choices were available. One person said that as their food was pureed it always looked the same. We discussed ways this could be changed for the person to improve their experience. The day following the inspection the registered manager told us that the speech and language team visited as staff had already made the referral and they assessed the person to now receiving a soft diet, so they longer needed puree.
- Dietary needs were known by staff and communicated to the chef. Weights were monitored, and action taken if people were noted to be losing weight and at risk.
- Food was fortified when needed and staff were reminded of ways to help encourage people to eat well. We did note that snacks were not always included on food intake charts. We discussed this with the management team to ensure that this was not impacting on people's weight loss.

Staff working with other agencies to provide consistent, effective, timely care
- The team worked with the local authority and clinical commissioning group to help ensure people received safe and effective care.
- There was good communication in relation to people's needs.

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

● The building had been designed in a way that allowed people to move around freely. There was clear signage and ample communal areas for people to use.

● There was an accessible garden which we saw in use and quiet lounges if people wanted to be alone with visitors.

● Bedrooms were personalised, and bathrooms were welcoming. Memory boxes were used outside rooms for people living with dementia to help orientate them and stimulate their minds.

Supporting people to live healthier lives, access healthcare services and support

● People had regular access to health and social care professionals. One relative said, "If we feel that [person] is at all unwell we only have to mention it to the staff. They are right on it straight away checking their BP [blood pressure] or whatever is needed. Can't fault it."

● We saw that people were visited by the optician and chiropodist and as needed referrals were made to specialist healthcare teams, such as the tissue viability nurse or the speech and language team.

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.

● People had their capacity assessed for relevant decisions, and best interest decisions were recorded appropriately.

● DoLs applications had been made and people were being supported in the least restrictive way while these were awaiting authorisation. For example, people had regular opportunities to go out.

Good

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 the rating has remained Good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People told us that staff were kind and respectful. One person said, "Staff are polite and courteous." A relative told us, "The staff are experienced, friendly and always polite."
- Interactions observed were positive. We heard and saw staff being attentive and reassuring to people. One person was distressed about being a burden and a staff member spent time with them chatting and used a soft, gentle tone whilst sincerely reassuring them.
- While sitting in the garden, staff checked that people were comfortable in the sun, checked if they wanted their chairs repositioned, a hat, a drink and for one person, their feet put up.

Supporting people to express their views and be involved in making decisions about their care
- People and their relatives were involved in planning and reviewing their care. One person said, "They (staff) are really good about keeping us up to date. They will ring us if anything is amiss. We were involved with developing [person's] care plan and we continue to be involved with their care plan reviews." Relatives told us that staff contacted them about any changes if appropriate.
- Care plans included a record of people's involvement.
- Staff asked people before supporting them. For example, would you like your feet off the footplates, so you can reach the floor with your feet, and would you like your chair closer to the table.

Respecting and promoting people's privacy, dignity and independence
- Staff knocked on doors to people's rooms before entering, even if the door was open. Staff spoke with people who were not able to verbally communicate with them. For example, we saw when staff went into a bedroom to check on something, they explained what they were doing, even when the person did not react to them being in the room.

Good

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 the rating has improved to Good.

Good: This meant people's needs were met through good organisation and delivery.

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

- People told us that they were happy with the care they received, and it was delivered in a way they preferred. One person said, "I am quite content with how things are, I am perfectly happy." A relative told us, "It's really fantastic, it is the best thing we ever did to bring [person] here. They are a lot more relaxed now than they have ever been because they are getting good care now."
- We saw in most cases that care as delivered in accordance with people's recorded needs and preferences. However, we did also see one instance where a person asked for the toilet before lunch and staff did not take them until they persistently asked. We raised this with the deputy manager who immediately addressed the issue and set up a staff a supervision meeting to remind staff of the expected standards at the service.
- Care plans included clear information so that care could be delivered safely and appropriately. There were handover records used which gave staff a clear overview of people's needs, and any updates needed. For example, if a person needed to be encouraged to drink more or if someone felt unwell.
- Relatives told us that staff were very responsive to any concerns or worries about a person's welfare.

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 took time to communicate with people who had limited or no communication skills. Staff told us that watched for eye movement and any possible signs that the person was happy or in pain. There were pain scales as guidance to help staff check for any discomfort or distress.
- Care plans set out how each person needed to be supported with communication and staff knew people's abilities well and how they needed to approach people. We saw staff working in a way that aided people's communication in accordance with their care plans.

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

- People told us that they enjoyed the activities and outings provided. One person said, "We sing, we do chair exercises, we throw balloons. We went to Southend the other week, it was lovely." A relative told us, "The activities have improved no end. The activity team are absolutely wonderful." Another relative said, "There are loads of activities going on, they (staff) are always doing something with [person]."

● There were activities going on during the inspection. One of which was planned for the morning was changed as people were not interested on that occasion, so the activity organisers switched to a different activity that people chose.
● There was a garden party in the afternoon that people were seen enjoying and people in their rooms received daily interaction if they were unable to go to communal areas.
● Staff took time learning about what people enjoyed so that this could be provided for people. For example, for one person who was unable to participate in activities but had previously enjoyed sports, the activities organiser takes the electronic tablet to the person's rooms and plays sports games with them, so they can hear a sport. They had also educated themselves about an interest the person had so they could talk about what they had learned, even though the person was only able to listen. They told us, "I can tell by their eyes that they can hear what I am saying even if they can talk back to me."

Improving care quality in response to complaints or concerns
● People and relatives told us that they had no complaints but felt confident to raise an issue if one arose. One relative said, "I have not had to raise any concerns but, I would be very confident to approach the [registered] manager with anything."
● Complaints recorded were logged to enable monitoring of their progress and reviewed to identify themes and trends.

End of life care and support
● At times, end of life care was provided at the service. The team worked with the local hospice to ensure they had up to date knowledge and people were supported in a dignified and pain free way.
● Care plans were in place for people stating what their wishes were, including if a person wished to be resuscitated and the relevant documentation was in place. These plans were further developed when a person was nearing the end of their life.

Good

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 the rating has improved to Good.

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

● People and relatives were positive about the registered manager. One person said, "I love [registered manager] very, very much, she is such a nice lady. You will tell her I said that won't you?" A relative told us, "The management are on point. [Registered manager] is very approachable, we can go to her at any time with anything."

●Staff told us that the registered manager had brought about real change in the home and their influence had a positive impact on the service. One staff member said, "[Registered manager] is a great leader, things are much better now, I'm so much happier."

● The registered manager worked well with the deputy manager to ensure that people received care in a person-centred way. They gave guidance to staff and explained the importance of it. One staff member said, "Staff are so different now, they really care about the place and are keen to learn." We saw that meetings notes recorded that the registered manager had invited staff to realise this was also their home and they should be proud of it.

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 management team took their responsibility seriously. Staff told us that they were friendly but also advised if they were not working in a way that was expected. One staff member said, "They tell me if I'm doing something wrong, in a nice way but they make sure I know."

● We noted that all reportable events were reported to the appropriate body.

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

● The management team carried out checks and audits to satisfy themselves that standards were to the expected and regulations were met.

● Where these checks had identified shortfalls, action plans were implemented to address the areas. We found that this had been effective as the service provided people safe and appropriate care. This was indicated by the low number of incidents, falls and concerns such as infections and pressure ulcers.

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

characteristics

● People and their relatives were invited to take part in a survey. The results from this survey were analysed and shared. There were regular opportunities for meetings where people told us they could speak freely. One person told us, "Residents and relative's meetings are quite well attended nowadays, lots of relatives attend." A relative told us, "I haven't been able to attend any of the resident meetings, but they always send me the minutes of the meeting, so I know what has been discussed."

● Staff also told us that there were regular meetings and opportunities to speak with a member of the management team. One staff member said, "Registered manager's] door is always open, even if she is busy, she'll stop, and say come in and sit down."

Continuous learning and improving care

● Incidents and events were reviewed, and meetings discussed any learning as a result.

● There was a 'magic moments' system where staff shared something positive or moment that they had with a person who used the service. These were reviewed and celebrated with a staff member winning the award monthly. This helped motivate staff to think of ways they could improve a person's day or life.

Working in partnership with others

● The management team worked with the local authority and clinical commissioning group to address areas they found as needing development. They also worked with a local hospice to extend knowledge and improve end of life care experiences.

● The local schools and church visited to spend time with people to help them feel they were part of the community.