

Mrs P M Hannelly

The Orchard

Inspection report

56 High Street South
Stewkley
Leighton Buzzard
Bedfordshire
LU7 0HR

Tel: 01525240240

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08 January 2016

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 07 and 09 October 2015. We found breaches of a number of the regulations of the Health and Social Care Act 2008. This resulted in the Commission serving four warning notices on the provider. These warning notices were in relation to safe care, protection of people, quality monitoring and staffing. The timescale for meeting the warning notices was the 18 December 2015. In addition to the warning notices we asked the provider to take action to improve the running of the home.

The registered manager sent us an action plan detailing actions anticipated to ensure future compliance with the regulations. We undertook a focused inspection on 06 and 07 January 2016 to check that they were meeting the legal requirements which the warning notices related to. This report only covers our findings in relation to these breaches of regulations. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'The Orchard' on our website at www.cqc.org.uk. We will follow up on the other breaches referred to in that report at a later stage.

The Orchard is a care home for older adults. It is registered to provide accommodation for 11 people. At the time of our inspection eight people lived at The Orchard. The Orchard is a family owned and run care home. It has a family home atmosphere and rooms are personalised.

The service had a registered manager in post. 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 focused inspection on 06 and 07 January 2016, we found that some improvements had been made to rectify issues identified at the previous inspection. However, we found a number of issues still of concern.

Medicine administration did not follow national guidelines. One person was not offered prescribed medicine for 11 days.

Staff had been offered training but failed to demonstrate that they had knowledge of this learning. We observed poor manual handling practice and disregard for respecting dignity.

The provider had responded to improvements required in fire safety. Door releases were now in place allowing doors to shut when the fire alarm was activated.

We found the provider had taken steps to improve its monitoring of the quality of the service provided. Questionnaires had been sent out to people, relatives and staff.

Staffing numbers had increased since our last visit. This meant that people's safety at lunchtime had

improved.

At the last comprehensive inspection this provider was placed into special measures by CQC. This inspection found that there was not enough improvement to take the provider out of special measures. We found a number of continued breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC is now considering the appropriate regulatory response to resolve the problems we found.

We have made a recommendation about staff training on the subject of Safeguarding people from abuse.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not always safe.

Medicine was not managed safely. The service did not ensure that all staff were observing best practice.

Risk assessments were in place, but there was a lack of consistent actions for staff to reduce known risks.

Staffing levels had increased, which meant that people's safety at lunchtime had improved.

Is the service effective?

Inadequate ●

The service was not effective.

People were supported by staff who received training, but could not demonstrate learning or knowledge of that training.

People were supported by staff who did not always promote dignity.

Is the service well-led?

Inadequate ●

The service was not always well-led.

Some quality monitoring had been introduced. However, this did not always pick up gaps in skills of the staff.

The registered manager responded to some issues when raised. They had worked hard to ensure that compliance with warning notices and fire notices were rectified. Fire Assessment had been updated.

Monitoring undertaken by the registered manager did not identify gaps in knowledge of care staff.

The Orchard

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 was a focused inspection to check whether the provider had made improvements as a result of warning notices which were served following our comprehensive inspection on the 07 and 09 October 2015.

The focused inspection took place on the 06, 07 and 08 January 2016 and was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was carried out by one inspector.

We inspected the service against three of the five questions we ask about services; is the service safe, effective and well-led. This is because the service was not meeting legal requirements in relation to those questions and were the areas the warning notices were served against.

Before the inspection we reviewed information we held about the service, this included the provider's action plan, which set out the action they had taken to meet the legal requirements which the warning notices referred to.

During the inspection we spoke with the four people living at The Orchard who were receiving care and support, two relatives; the registered manager, deputy manager and three care staff. We reviewed four staff files and three care plans within the service and cross referenced practice against the provider's own policies and procedures.

We spent time observing interactions between staff and people who lived in the service.

Is the service safe?

Our findings

At the previous inspection carried out on 07 and 09 October 2015 we found that staff had mixed understanding of abuse and what actions they would take if abuse was identified. There was a lack of risk assessments in relation to keeping people safe. We served a warning notice in respect of the breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The date for compliance with the warning notice was the 18 December 2015.

Since the last inspection, two staff had been supported with further training. The registered manager had undertaken an impromptu team meeting to discuss abuse with staff. They had also circulated a questionnaire to the staff regarding their understanding of abuse. We saw that staff had highlighted in the questionnaire that they had not been provided with information about the potential types of abuse. When we spoke with staff we found three of the five staff were not able to communicate their understanding of abuse. However, four of the staff told us they would telephone the number for the local safeguarding team, if they felt management were not acting upon safeguarding concerns. We spoke with the registered manager about this. They were very disappointed as they felt the staff had understood the topic of abuse. One staff member we spoke with had very little understanding as their command of English was poor. The service did display the local safeguarding team contact details and had a policy on safeguarding. However, understanding of abuse was not fully understood by all staff.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, as staff could not verbalise or demonstrate learning of training received.

At the previous inspection we observed that medicines were not stored or administered in line with good practice or national guidelines. We served a warning notice in respect of a breach of Regulation 12 of the Health and Social Care Act. The date for compliance with the warning notice was 18 December 2015.

We previously advised the registered manager of the areas of our concern regarding administration of medicines. Previously we observed staff would carry all the medicine around at the same time and then go to the medicine administration record (MAR) to sign them. This had potential for medicine errors. On day one of this inspection we observed medicine administration at lunchtime. The member of staff carried four different people's medicines and the chart. This meant some improvement had been made, but this practice also had potential for errors. On day two of this inspection we arrived early to observe the morning medicine administration. On our arrival we were informed that everyone had already received their medicine. We questioned the staff on duty and they confirmed that they had taken everyone's medicine to them in their room. We asked the staff what task they were undertaking on our arrival. They advised us that they were signing the MAR, when questioned further on this, the member of staff stated that they were signing for all medicine given. This practice was not in line with national guidance from the Royal Pharmaceutical Society or in line with the service's own policy. It is good practice to sign each individual MAR after the staff have administered medicine to people and not after everyone has been given their medicine.

Some improvements had been made to the stock control of medicine. We observed that all old medicine were recorded in a return book and stored separately when awaiting return to the pharmacy. When medicine was delivered the amount received by the service was recorded. However, we found three medicines stored in the medicine cabinet which were not recorded on a MAR and therefore there was no record of when this medicine was received by the service. We questioned the registered manager about this. One medicine was for use by a qualified district nurse, which was the reason given by the registered manager for it not being recorded on the MAR. The other two medicines were for occasional use. As they were not recorded on the MAR, there was no further advice to staff as to when this medicine should be administered. Potentially this could have led to this medicine either not being administered when it should or vice versa.

We found on-going inconsistencies with the administration of medicines. One example was that there was no evidence available to demonstrate that a person medicine had been stopped. Yet it had not been offered for 11 days. This meant that staff did not administer medicine as prescribed for 11 days. After our site visit we were contacted by the deputy manager to advise that they had evidence that permission was sought from the consultant to stop the medicine. We re-visited the service to see this evidence. The evidence contradicted the records seen on day one and led to further questions being asked about the validity of medicine records. We spoke with the registered manager about this and they confirmed that Staff had not sought the correct authority to cease a person medicine.

This was a continued breach of Regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure that medicine administration was safe and in line with their own policy.

At our previous inspection we observed there was not always enough staff on duty to ensure people were safe. On both days of this inspection we noted that there was an increase in staff numbers in the afternoon. We were shown future staffing rotas and the registered manager had made this change to all afternoon shifts. In addition to this staff were present throughout lunchtime and available for supporting people as required. Therefore we judged that there were enough staff on duty to ensure that people were safe and their needs were met.

The registered manager had an updated recruitment policy and if used in the future it will help to ensure that all pre-employment checks are undertaken prior to commencement of employment.

We found that some improvements had been made to ensure people were kept safe. Previously there was a lack of robust risk management across a range of topics from fire, medicine and potential risks to people from falling. Risk assessments had been updated. We had previous concerns about non staff members living within the service. The provider had not assessed this as a risk. This had now been considered by the provider and a risk assessment was in place for visitors. Some risks to people had been identified and there was clear advice for staff in care plans how to reduce that risk. However, this was not consistent for all risks. For instance there was no care plan or advice for staff on how to manage one person's behaviour. This meant there was a risk of inconsistent practice in how staff responded to behaviours. We spoke with the registered manager and deputy manager about this. They were not aware of this issue and agreed that risk assessments would be reviewed.

We previously reported that a box for storing used sharps was not stored safely and people could have been harmed. This had been removed and stored safely, however we saw no risk assessment about safe storage and the process for replacing it when full. The registered manager advised us that they would develop a risk assessment for this and it would be communicated to all staff.

Is the service effective?

Our findings

At our previous inspection we found that staff did not receive support and training to enable them to provide effective and dignified care. We served a warning notice in respect of a breach of Regulation 18 of the Health and Social Care Act. The date for compliance with the warning notice was 18 December 2015.

Since our last site visit two staff had been supported to attend a four day course to complete the Care Certificate. The Care Certificate sets out explicitly the learning outcomes, competences and standards of care that will be expected by health and social care workers. Topics covered in the care certificate include health and safety, move and assist safely and privacy and dignity. Staff who attended this course had to complete a workbook to demonstrate their learning and knowledge gained. We looked at these workbooks for two staff and then spoke with them. They were not able to communicate their understanding of their learning, in particular reference to protecting people from abuse. One member of staff who had attended the course and had completed a workbook to demonstrate their understanding was observed on both days of our inspection supporting a person to the bathroom. On both days the door of the bathroom was left fully open when the person was using the facility. This meant that their privacy and dignity were not maintained as someone could have viewed them. We also observed poor manual handling practice from staff who had received training. We spoke with the registered manager and deputy manager about this. They were very disappointed that their staff did not demonstrate good compassionate care.

This was a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, as staff did not ensure that care provided was not degrading for the person using the service.

Since our last inspection the registered manager had ensured the service had a supervision policy and had met with all staff members. They advised us that this will be completed on a regular basis through the year.

We previously had concerns about people not having access to a means of asking for support when staff were not present in the same room. We were advised by the provider that a call bell had been moved. However, on day one of the inspection we observed that a person was in need of assistance to attend the bathroom. No staff member was present at the time. We asked the person how they would summon help from staff and they informed us 'I will have to wait until someone comes in'. We spoke with the deputy manager about this. They advised that the call bell had been moved to a table but no-one used it. They advised that the person in question would normally ask another person to press the call bell.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff working at The Orchard are due to undertake training on the MCA. The registered manager has been working with the Local Authority to access training.

Is the service well-led?

Our findings

At our previous inspection we had concerns about fire safety. That led to us contacting Buckinghamshire Fire and Rescue Service. They issued the provider with a deficiency notice and a timescale for improvements to be made. We served a warning notice in respect of a breach of Regulation 17 of the Health and Social Care Act. The date for compliance with the warning notice was 18 December 2015. Since our last site visit, the fire risk assessment had been updated; all issues identified by the fire service had been rectified. The registered manager informed us that they had arranged for regular tests to be undertaken by a fire safety company.

We found the provider had been pro-active since our last inspection. We had been updated with actions completed since our last inspection. The provider had introduced a number of measures which will support them to improve the quality of life and experience for people living at The Orchard. Improvements made to fire safety were noticeable. The provider had completed one of a sequence of quality monitoring. Questionnaires were given to people, relatives and staff. There was an ongoing programme in place to receive feedback about the performance of the service.

The registered manager had improved communication with the staff, and had met with them on an individual and group basis. They advised us that this will also continue through the year. The provider invested in staff through training, and had put plans into place to improve communication skills of staff working at The Orchard. However, issues identified regarding poor manual handling and respecting dignity had not been picked up by the registered manager. This meant that the quality of service provided and the knowledge from training was not fully embedded and used by staff.

We clarified the registered manager's understanding of their role and responsibilities under the Health and Social Care Act 2008. The registered manager could not demonstrate good knowledge of the regulations. The monitoring undertaken by the registered manager was insufficient to identify areas of poor practice and where improvements could be made to ensure the service was meeting people's needs. The issues found regarding the administration of medicines were advised on day one of our previous inspection, however on this inspection we found poor practice continued. We spoke with the provider about the management of the service. Moving forward we asked the provider to ensure that the registered manager was aware of their responsibilities.

We recommend the provider takes into consideration advice available to providers on how to meet the Regulations.