

Mrs Tersaim Khaira

# Orchard Cottage

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Orchard Cottage is a care home which provides accommodation with personal care to older people, some of whom may be living with dementia. The accommodation is provided over two floors and care is provided for up to 10 people. There were 8 people using the service when we inspected.

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

People told us they felt safe with comments including, "Oh yes I feels safe here" and "I am helped with things I need. They are very good."

People and staff had good relationships. Staff had worked at the service for several years and knew people well, their needs, likes and dislikes and called everyone by their name and spoke to them in a friendly yet professional way.

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.

Care staff and the registered manager safely managed people's medicines. Medicines were stored securely, and records were kept up to date and accurate to ensure medicines were administered safely.

The service was following the latest government guidance relating to COVID-19, Cleaning schedules had been increased to minimise the risk of infection and staff used personal protective equipment such as masks and gloves appropriately.

Feedback from people, relatives and professionals was sought and used to make improvements to the service including learning lessons from things which had gone wrong.

People and their relatives felt the service was well led and knew who to go to if they were not happy with something or wished to request a change. The staff felt supported by the registered manager and told us they are always available for support and guidance.

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

### Rating at last inspection and update

The last rating for this service was good (published 20 May 2019)

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

#### 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 Cottage

## 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

This inspection was carried out by one inspector.

#### Service and service type

Orchard Cottage is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Orchard Cottage is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used information gathered as part of monitoring activity that took place on 9 March 2022 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since the last inspection. 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 information gathered as part of monitoring activity that took place on 9 March 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager and care workers. We reviewed a range of records. This included two people's care records including medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and quality assurance records.

# 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. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. One told us, "I absolutely feel safe here. They are very good carers." and a relative told us, "My [loved one] is perfectly safe. No concerns at all."
- Staff were able to identify different types of abuse including the symptoms and signs and what to do if they had concerns about the people they support.
- Staff were trained in safeguarding adults and demonstrated clear understanding of how to report concerns to the registered manager or outside the organisation if required.
- There had been no recent safeguarding alerts at the time of inspection, however the registered manager understood when these would need to be made and who to contact for extra support.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to keep people safe. Initial assessments had been completed before people moved into the service to ensure the staff were able to safely meet the person's needs.
- Risk assessments were reviewed monthly and when people's needs had changed. The registered manager had worked with the local authority when people's needs were no longer able to be met at the service to ensure they sourced an alternative placement to keep them safe.
- People's care plans detailed their medical history, mobility, nutritional and health needs to enable staff to support people in a holistic way.

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)

- All people being supported at time of the inspection were able to be directly involved in making decisions about their care and support. There were no active DoLS applications and the service was not a secure unit.
- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were enough staff to keep people safe. A long-standing staff team supported people where many had worked at the service for several years. This enabled people and staff to build relationships and get to know each other.
- Staff had been recruited safely. Disclosure and barring service (DBS) checks had been completed. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. References, application forms and identification documents were all completed and appropriate.
- People told us, "Yes there are more than enough staff. I am never waiting, and they help me when I need it." Feedback we received from relatives told us, "They are the best carers I have come across; they go above and beyond, and I can't give them enough credit."

#### Using medicines safely

- People told us they received their medicines on time and when needed. Processes were in place to ensure people were assisted based on their own capabilities with their medicines and staff administered for people who had difficulty with this.
- All medicines were supplied by the local pharmacy, which ensured people received correct medicines which had been appropriately prescribed.
- Staff accepted delivery of medicines every month and they completed counts of the medicines to ensure they had been delivered correctly. People's medicines were stored safely in a locked cupboard which staff had access to.
- All staff were trained in medicines administration. The registered manager and care staff we spoke with demonstrated knowledge of what they were required to do if an error occurred with people's medicines.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- The registered manager was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- There was a detailed system in place to record accidents and incidents. These were reported by care staff in line with the policies and procedures. Staff recorded what had happened and reported to the registered manager.
- Staff we spoke with told us they felt confident any incidents raised or reported to the registered manager would be dealt with promptly and efficiently and people would be kept safe.
- Where incidents or accidents had taken place, the registered manager fed back to the staff with things that could be learnt to minimise the risk of it occurring again.



# 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. At this inspection 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; 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

- People and their relatives felt the service was well led and they knew who the registered manager was and care staff who supported them regularly.
- Communication throughout the service was good. Staff told us they spoke with the registered manager daily and described the service as, "an excellent place to work. That's why we have all been here for so long."
- There was a positive culture experienced in the home during the inspection. Staff engaged with people in a friendly yet professional manner spending time with people whilst allowing other people to do what they wished to do. People knew staff by name and would call them when they needed assistance or to have a chat.
- The registered manager had a clear understanding of their responsibilities to report under the duty of candour. The duty of candour sets out actions the provider and manager should follow when things go wrong and to be open and transparent

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

- The registered manager completed a range of audits and checks to ensure safe delivery of care and support. These included care needs reviews, maintenance checks, fire safety and medication audits.
- The registered manager understood the requirements of notifying the Care Quality Commission (CQC) of important events which had happened in the service. We reviewed documents on site which confirmed events had been reported to the CQC appropriately.
- Staff had clear roles and responsibilities within the service. Staff told us, "We do everything here, that adds to the feeling of a home from home for people."

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

- All people and relatives we spoke with told us they were involved in their care and support. People were not unnecessarily restricted and were able to move freely throughout the service with staff ensuring people were safe.
- People were regularly asked for feedback and suggestions on improvements which could be made such as changes to meals offered and different activities people wished to take part in and these were put in

place by the registered manager.

- The registered manager held meetings and supervisions with staff. These meetings were ad-hoc and when required. Staff told us they prefer this instead of a structured approach. They told us, "As we are small team, we raise any issues etc with [registered manager] when they happen, we wouldn't like to have to wait to a formal meeting. Then things are dealt with immediately."

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with people, their relatives and health and social care professionals to ensure people received the support they required and achieved the best outcomes.
- Staff were confident in reporting issues, knew how to report things outside of the service and felt confident appropriate actions would be taken.