

Greensleeves Homes Trust

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

About the service

The Orchards is a residential care home providing personal and nursing care to 25 people older people some who are living with dementia at the time of the inspection.

The Orchards accommodates up to 66 people across three separate floors, each of which has separate adapted facilities.

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

People who lived at The Orchards received care from a staff team who all cared about delivering an individual based service. Staff knew each person well. People's views were respected, and they were involved in everything that happened in the service. People were happy living there and relatives trusted the staff team to look after their family members. One relative said, "I am incredibly relieved that [Family member] has landed at a place where I consistently feel all their emotional needs are being met and stimulation is more than being met."

Staff understood the risks to people and the measures in place to keep them safe. Systems were in place to manage people's medicines safely and to reduce the risks associated with the spread of infection.

Sufficient numbers of staff were employed to meet people's needs. Staff received training which gave them the necessary skills and knowledge to carry out their roles and meet people's needs.

Staff delivered care and support that was personalised. Staff were kind, caring and motivated and people, their relatives and external professionals were complimentary about the care provided. Staff respected people's privacy, dignity and independence and encouraged people to lead their life in the way they wanted to.

People were supported to maintain their health. Staff made referrals to health professionals when required. Staff were kind and caring and had developed good relationships with people using the service. People were supported to have maximum choice and control over 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 had access to food and drink based on their individual choice and preferences. People had access to a range of activities that reflected their specific needs and interests.

Care plans were in place which guided staff to provide support that met people's needs which were in line with their preferences.

Systems ensured that people's risks were well managed, and lessons were learnt when things went wrong.

There was an open culture within the service, where people and staff could approach the area manager who acted on concerns raised to make improvements to people's care. A relative told us, "We feel as a family we have done the right thing and [relative] are in exactly the right place. We have a great sense of security and they are exceptionally well cared for."

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

Rating at last inspection

This service was registered with us on 9 August 2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about medication processes and a number of safeguarding incidents.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe sections of this full report.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Orchards

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.

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 undertaken by two inspectors and an assistant inspector.

Service and service type

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.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is 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.

What we did before the inspection

We reviewed information we had received about the service since they were registered. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and seven relatives by telephone about their experience of the care provided. We spoke with nine members of staff including, the area manager, senior care workers, care workers and a housekeeper.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from the local authority. We looked at training data 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives spoke about how they felt their family member was safe in the service. One relative said, "[Family member] is safe there, very secure." Another relative said, "I feel that they are totally safe."
- Staff had received safeguarding training. They knew how to identify, and report concerns to management relating to abuse and felt comfortable raising concerns and received support for this. One staff member told us, "If I had any concerns, I would blow the whistle. I would go to the person in charge or ring CQC if I needed to."
- Incidents and accidents were reviewed and looked into and action taken, and appropriate support was offered to people where accidents or incidents occurred.

Assessing risk, safety monitoring and management

- People had individual risk assessments which detailed their support needs. They covered areas such as, manual handling, nutrition and hydration and health risks. These were kept under review.
- We observed staff supporting people safely and patiently. Staff were able to explain the people's risks and identify their individual needs.
- Staff were clear about their responsibility in the event of a fire. People had a personal evacuation plan (PEEP). A PEEP detailed how someone would be supported to evacuate the building in the event of an emergency such as a fire.

Staffing and recruitment

- Recruitment checks were completed to make sure that staff were suitable to work with the people they were supporting. This included a criminal records check, a health declaration and obtaining references.
- There were enough staff on the day of inspection to support people's care needs in a timely manner. A person said, "They are quick to come and see what you want. They [staff] are all so good."

Using medicines safely

- Medicines were managed safely so that people received their medicines as the prescriber intended. We observed people being asked if they were ready to have their medication, as they had had a lie in.
- Staff kept accurate records of all medicines ordered, administered and disposed of. Medicines storage was appropriate.
- Protocols were in place for medicines prescribed to be given 'when required'
- Staff undertook training and had their competency checked on an annual basis. Regular audits were conducted, and action taken when appropriate.

Preventing and controlling infection

- All the staff we had contact with were wearing the correct PPE and disposed of these correctly. Records showed that staff had completed infection control training.
- People and staff had access to regular testing for COVID-19. Before new people moved into the service or returned from hospital, the area manager requested they had a negative COVID-19 test result. There were systems in place to ensure the person self-isolated for a set time in line with current guidance. This was to safeguard other people living in the service.
- The lay out of the property meant that if there was an outbreak of COVID-19, they would be able to zone sections of the service to reduce the risk of the virus spreading.

Learning lessons when things go wrong

- Staff recorded any incidents or accidents. The management team analysed these and discussed any learning with all staff at relevant meetings.
- Any errors that occurred with medicines, staff were fully re-trained and their competence re-assessed to prevent further errors.

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.

This is the first inspection for this newly registered service. This key question has been rated 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's needs were assessed before they began using the service. Assessments detailed preferences and how other professionals were involved in people's care. Care plans were developed from these assessments and spoke about people's choices and how they liked their support to be delivered.
- People felt that the support they received was empowering and they had choice and control of their support. We observed people being asked about the support they required
- The management team kept up to date with ways to keep people safe. For example, the service only have essential visitors and professionals entering the service due to the national lockdown and following government advice.

Staff support: induction, training, skills and experience

- Staff told us they had the right training to complete their role. One staff member said, "We have had a lot of training. It's been invaluable as I have never done care before."
- People and relatives spoke about whether or not they felt staff had the training and skills to complete their role. One relative said, "The staff have great consideration for dignity."
- Staff had training that covered health and safety, safeguarding, Mental Capacity Act, manual handling, food hygiene and infection control.
- Staff had regular competency checks throughout their employment in areas such as medicines administration and moving and handling.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were highlighted in their care plans and any risks of malnutrition managed. Food and fluid charts were in place for those people at most risk.
- People had choices and access to food and drink throughout the day. Where people wanted to have a specific meal, they were able to request this. The staff offered show plates to enable people to choose their meal.
- The dining environment was pleasant, and people were not rushed whilst eating.

Supporting people to live healthier lives, access healthcare services and support, Staff working with other agencies to provide consistent, effective, timely care

- People were involved in decisions about their care and felt listened to if they needed access to health services. We observed people being involved in everyday tasks which gave them a purpose and improved their wellbeing. For example, one person was helping with the laundry.

- People received care from health professionals in a timely manner and referrals for relevant professionals were completed. For example, a chiropodist was on site at the time of our visit to provide foot care.

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

- The service was maintained and decorated to a high standard. There were different areas for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone. Equipment used to meet people's care and support needs, such as hoists were serviced regularly.

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.

- We heard and people confirmed that staff asked for their consent when supporting them.
- People were given choice and control over their lives and staff made all attempts to support people in the least restrictive way.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 felt the staff treated them with respect. One person said, "Staff treat me with respect. They are wonderful and I couldn't be better looked after." A relative told us, Staff really are sensitive and caring. Their customer care and professionalism is quite understanding. They are now part of our family."
- We observed staff interacting with people in a caring way. They gave people time to respond and repeated the question in a different way if they weren't able to understand what was being asked. One relative said, I have every admiration for the staff. I could not listen to my [Family member] in the way that they do. They listen to me to. The staff are so kind and caring."
- Staff showed commitment and kindness when speaking about the people they supported. There were a number of examples of where staff had a great understanding of people's support needs, likes and dislikes.
- Positive interactions between people and staff, showed they clearly enjoyed each other's company and treated each other as equals.

Supporting people to express their views and be involved in making decisions about their care

- People could express their views about the service they received, and we observed staff offering choices throughout the day.
- People told us they were involved in developing their care plans and making decisions about their care. Where people could not make decisions about their care, family members were involved. One relative said, "We have been involved in discussion around [Family members] care."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with kindness, dignity, respect and their independence were promoted. One relative told us, "The staff are really caring and encourage [Family member] to do what they can for themselves."
- Staff informed us that it is very important that we treat people with dignity and respect. One person said, "Staff always knock on my door before entering." A relative said, "The staff are very engaging, sharing and open. They are kind and caring towards [Family member]."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated 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, 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 and their relatives were involved in developing their care plans. People's needs were identified, and their choices and preferences were recorded and well known by staff. One relative said, "I was there when we wrote [Family member] end of life plan." Another relative told us, "I was consulted about [Family member] likes and dislikes and their history at the beginning."
- People had support with social engagement and were encouraged to maintain hobbies and interests. For example, where people enjoyed housework they were encouraged to help and were given a cloth. Another person was seen to help with the setting of the tables.
- The area manager constantly strived to improve the service and provided people with enabling care and support to live fulfilling lives. Staff encouraged people to help where they were able, for example, they were supported to making tea for themselves and others.

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.

- Information for people was available in different formats such as large print and pictorial prompts. This meant information was given to people in different ways to enable their understanding.
- People's communication needs were identified, assessed and recorded in their care plans and staff told us how they used body language or signs as a means to know if non-verbal people might need support.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place which was shared with people. Relatives we spoke with all knew who they would speak to if they were unhappy with any aspects of the care provided.
- There had been a number of compliments received and this included a thank you to the staff for their hard work, a number of treats and donations had been received for example biscuits, sweets and chocolates.
- People told us they were comfortable in raising concerns if they needed to and were confident it would be dealt with.

End of life care and support

- The staff supported people and their relatives both in planning for and at the end of people's lives.
- The staff team ensured that people's wishes were fulfilled at the end of their lives. They supported people

and their relatives to discuss what they wanted to happen. They recorded the details about the person's wishes and how those wishes would be met.

- The service's ethos was that people should be able to die in their home if that was what they wanted. Staff worked closely with the GP and community nurses to make this happen if this was possible.

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.

This is the first inspection for this newly registered service. This key question has been rated 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, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in making decisions about the care they received.
- People had knowledge of who the current manager was and felt they could speak up if they needed to. One person said, "[Area manager] is very accommodating, they talk to you and are happy. I don't have any worry. Their door is always open."
- The area manager and staff encouraged feedback and acted on it to improve the service. For example, relatives had mixed views on communication. The area manager had introduced a fortnightly newsletter and more regular telephone contact with relatives. This was to ensure people were being kept up to date with what was happening in the service. The area manager told us, "Communication can always be improved, we are continuing to ask relatives to let us know what other areas we could address."
- A relative said, "I am blissfully happy with the care. [Family Member] is always saying 'Love it here' and they would make it plain if they didn't want to be at The Orchards."
- Links with the local community are on hold due to the COVID-19 pandemic.

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 relatives gave examples of where they felt listened to and where they had raised concerns, these were dealt with and changes made.
- Relatives said they felt they were kept informed when things went wrong.
- Lessons were learnt and communicated widely through staff meetings to support improvement.

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

- The service was well-run. Staff at all levels understood their roles and responsibilities and the area manager was accountable for their staff and understood the importance of their roles.
- Audits were completed on a wide range of areas of the service. Information gathered from audits and from the review of incidents and accidents was used to improve the service.
- Staff told us they were well supported. There were staff meetings which provided a forum for discussion. They were encouraged to continue their professional development, undertaking further vocational qualifications. One member of staff told us, "The area manager is very approachable and always willing to help."

- Staff told us, and we also saw, that the area manager was visible in the service and was available if anyone needed to speak with them. One staff member said, "[Area manager] is approachable, their door is always open."
- The management team ensured there was always a leader available. This offered support to the staff team as well as ensure that they were able to monitor staff practices throughout the week.
- Records showed that legally required notifications were submitted to the CQC as required, and when things went wrong there was evidence that people and their relatives were responded to and kept informed.
- The local authority gave the following feedback, 'The manager has done a remarkable job throughout the pandemic and we are really grateful for their work, they ensured the service was supportive, caring and a happy home for all.'

Continuous learning and improving care

- Audits were carried out on a regular basis. The overall quality audit of the service identified improvements and actions were introduced.

Working in partnership with others

- At the time of the inspection there was limited input from other health professionals this was due to COVID-19 and professionals entering the service. Although the area manager had regular telephone calls from professionals to ensure people had the support they required.