

AMAFHH Healthcare Limited

# Quorn Orchards Care Home

## Inspection report

11 School Lane  
Quorn  
Loughborough  
Leicestershire  
LE12 8BL

Tel: 01509413094

Date of inspection visit:  
06 March 2019

Date of publication:  
05 April 2019

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

About the service: Quorn Orchards is a residential care home that provide personal care and accommodation for up to 30 people aged 65 and over. There were 26 people using the service at the time of the inspection. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Rating at last inspection: Requires Improvement, 9 February 2019

Why we inspected:

We carried out an unannounced comprehensive inspection of this service on 16 October 2018 where we found five breaches of the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This included breach in Regulation 17, Good Governance. We served a warning notice for Regulation 17, Good Governance, to the provider and registered manager and told them they must be compliant by 20 December 2018.

We rated the service as 'Requires Improvement'. The provider submitted information stating what they intended to do to address the shortfalls. You can read the report from our latest comprehensive inspection by selecting 'all reports' link for Quorn Orchards Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk). At this inspection we found the provider had made improvements to meet the requirements of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ Our findings showed that improvements were made to provide a well-led service. However, checks were not consistently effective to assure the service that people's medicines were administered and recorded in a safe manner.
- ☐ The environment had been improved to meet the needs of people living with dementia and keep people safe from harm and reduce the risk of falls, burns and contact with hazardous substances.
- ☐ People and their relatives were involved in planning their care.
- ☐ The registered manager used the feedback they received from people to improve the service.
- ☐ The registered manager submitted appropriate notifications as they are required to do by law.

Follow up: We will continue to monitor this service and respond accordingly. We plan to inspect in line with our re-inspection schedule for those services rated Requires Improvement.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

## Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement 

# Quorn Orchards Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was a focused inspection to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 16 October 2018 had been made.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection, we reviewed information we held about the service, which included notifications they had sent to us. A notification is information about significant events or incidents within the service that the provider is required to send us by law. We also spoke with commissioners from the local authority, who are responsible for funding some of the people using the service, to obtain their views about the care provided at the service. We also reviewed information on the plan of improvement that the registered manager sent to us. We used this information to plan our inspection.

During the inspection, we spoke with the registered manager, the provider, the activities coordinator, two care staff, the cook and a visiting health professional. We reviewed care records and associated risk assessments for three people. We reviewed records relating to the day to day management of the service,

including staffing, medicines and quality assurance. We also undertook observations to review the care and support people received in communal areas.

# Is the service well-led?

## Our findings

We inspected this key question to follow up the concerns found during our previous inspection on 16 October 2018. The concerns were the provider's quality monitoring systems and processes were inadequate. This was particularly in areas of checks and associated risks on the environment, and assessing, reviewing and recording risks associated with the care people and how these were monitored. These issues showed a breach of regulation 17 (2b and dii) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014; Good Governance. We served a warning notice to the provider and registered manager and told them they must meet the legal requirement by 20 December 2018.

At this inspection we found the provider had made improvements in most areas.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- ☐ The provider had a range of systems and processes in place to monitor the quality of care that people received. They completed audits and checks to assure themselves that they continued to meet people's needs in a safe and effective way. However, we found that their audits were not consistently effective to identify issues around the management of people's medicines.
- ☐ We found inconsistencies in the recording of medicines available as patches to be applied to the skin. We found that the medication policy did not always provide the information that staff needed to guide them. They did not use their audit to identify where there was regular administration of PRN [as required] medicine. This showed that the protocols regarding PRN medicines had not been reviewed. We brought this to the attention of the registered manager who told us that they would liaise with people's doctor to review their medicines.
- ☐ The registered manager had made improvements to the environment to keep people safe and secure at Quorn Orchards. This includes securing the stair gates leading to a steep staircase. This meant that people with dementia could not easily access the stairs.
- ☐ The service had secured the access to rooms where people could come into contact with hazardous materials. These included rooms such as the kitchen, pantry and cupboards. We saw that these rooms were only accessed by authorised members of staff and remained locked at all times during our visit.
- ☐ People's bedrooms were clean and safe. Radiators in all bedrooms had appropriate and safe covers. We also found that exposed hot water pipes had been covered safely. This reduced the risk of people sustaining burns.
- ☐ The service had made improvements to the environment to suit the needs of people living with dementia. This included colour coding doors to help people navigate their way around the home.

- We found that the service had made improvements to the premises following recommendations from the local fire authority inspection visit.
- Staff assessed risks associated with the provision of people's care and support. We saw that risk assessments were completed to reflect each person's individual needs and preferences. These were reviewed on a regular basis to ensure they continued to reflect people's current needs and the support they required. This guided staff to provide support in a safe and non-restrictive manner and promoted people's independence and individual objectives.
- Staff we spoke with were aware of the information in people's care plans and risks assessments. Relevant information was easy to access in the staff room and kitchen. This prompted staff about people's dietary and health needs, and minimized the risk of staff not having key information about people when they supported them.
- There were sufficient numbers of staff on duty to meet the needs of people that lived at Quorn Orchards. The registered manager assessed the dependency needs of people that used the service. They used this to allocate and deploy sufficient numbers of staff to meet people needs. During our visit, we saw that staff were readily available to support people when they needed it.
- The provider and registered manager were knowledgeable about their roles and responsibilities and acted to meet their obligations. The registered manager spoke to us about the failings reported at their previous CQC inspection, the steps they have taken to address those failings and how they planned to ensure a good standard of care going forward.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- When we inspected the service in October 2018, we found that the registered manager had not sent relevant notifications to CQC. These included incidents where people had suffered injuries and where people were subject to a Deprivations of Liberty Safeguard (DoLS).
- At this inspection we found that the service understood their responsibilities to report events such as DoLS, accidents and incidents to the CQC. They sent notifications to the CQC when required.

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

- The registered manager had developed a system of collecting feedback about the service that people received. We saw that feedback was robustly recorded and discussed at staff meetings. They acted on feedback received and used this to improve the standard of care. This was done in line with the provider's complaints procedures.
- The service involved people and their relatives when planning and reviewing their care needs. This meant they had information about people's history and equality characteristics and supported them accordingly. The provider, registered manager and care team understood their responsibilities for using people's information and feedback to ensure people received a good standard of care.

Continuous learning and improving care

- Where incidents occurred, staff took steps to provide the support that people needed. This included liaising with other professionals and making appropriate referrals. We saw that incidents were recorded and reviewed by the registered manager. They have also used this and the report of their previous CQC inspection to make improvements to people's safety and experience of care.
- One staff member told us "I remember a resident I was supporting fell whilst I was supporting them to the dining room. I reported this to the manager and they decided to make a referral to the falls clinic."

Working in partnership with others

- The provider and registered manager worked in partnership with commissioners to improve people's care plans and the quality of care that people received. This included ensuring that people were involved in planning their own care. The wider staff team worked with the registered manager to implement the improvements. They also worked with healthcare professionals to ensure people received care that was consistent with their assessed needs.
- A health professional told us, "I am very happy with the home. We receive timely and appropriate referrals for when people need healthcare services. I feel staff are run off their feet but coped well. I review people's care plans and they contain all the information about patients and this information is current."