

# Shaw Healthcare Limited

# Orchard House

## 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

This inspection took place on 14 September 2016 and was unannounced. Orchard House provides accommodation and personal care for up to 28 older people who may have dementia related illness. Of the 28 places, 10 rooms where people stayed for shorter stay accommodation and care. There were 23 people who were living at the home on the day of our visit.

There was a registered manager in place at the time of our inspection. 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.

People lived in a safe environment and staff knew how to protect people from risk of harm. We found staff recognised signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks without taking away people's right to make decisions.

There were sufficient staff on duty to meet people's needs. People told us staff helped them when they needed assistance. Regular reviews of people's care and deployment of staff meant staffing levels reflected the needs of people who lived there. People's medicines were administered and managed in a safe way.

The registered manager supported staff by arranging training so staff developed the skills needed in order to provide care and support to people that was in-line with best practice. People and their relatives told us of the positive benefits this had on the care and support received.

People received care and support that took into account their needs and preferences. Staff provided people's care with their consent and agreement. Staff understood and recognised the importance of this. People were supported to eat a healthy balanced diet and with enough fluids to keep them healthy. People had access to healthcare professionals, such as their doctor when they required them.

We saw people were involved in planning their care. People's views and decisions about their care were listened and acted upon. People told us staff treated them kindly, with dignity and that their privacy was respected.

People received individual care and support that was in line with their preferences. The provider promoted and encouraged people to carry out their hobbies and interests.

We found people knew how to complain and felt comfortable to do this should they feel they needed to. We looked at the providers complaints over the last 12 months and found no complaints had been received.

The registered manager demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, which meant people received care and support which matched their needs and

wishes.

We found the checks the provider completed focused upon the experiences people received. Where areas for improvement were identified, systems were in place to ensure that lessons were learnt and used to improve staff practice.

## 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.

People were cared for by staff who had the knowledge to protect people from the risk harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had knowledge, understanding and skills to provide support in an empathic way.

People were provided with food they enjoyed and had enough to keep them healthy.

People received care they had consented to and staff understood the importance of this.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were committed to providing high quality care.

The staff were friendly, polite and respectful when providing support to people.

### Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their individual needs. The provider promoted people's hobbies and interests. People's concerns and complaints were listened and responded to.

### Is the service well-led?

Good ●

The service was well-led.

People were included in the way the service was run and were listened too. Clear and visible leadership meant people received good quality care to a good standard. Staff were involved in improving and developing the service.

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# Orchard House

## **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 inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 September 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience with experience of dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority prior to our inspection to gain their views about the service.

Some people who lived in the home were not able to tell us in detail about their care and support because of their complex needs. 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 spoke with six people who used the service and two relatives. We also spoke with six staff who provide care, one activities co-ordinator, the chef, the registered manager and the operations manager. We reviewed two people's care records. We also looked at provider audits for environment, compliments, incident and accident audits and residents and staff meeting minutes.

# Is the service safe?

## Our findings

All the people we spoke with who lived in the home told us they felt staff protected them from harm. One person told us how they would, "Notice if things weren't right". While a further person told us, "They look after you very well". Relatives we spoke with felt the staff maintained their family members' safety. Both relatives we spoke with felt the home was always calm and people appeared relaxed. One relative said, "We go in at different times, it's always very tranquil. I have never seen any disruptions". Relatives we spoke with expressed how they did not worry about their family member's safety, as they had confidence in the staff to keep them safe from harm.

All the staff we spoke with showed a good awareness of how they would keep people safe and protect them from the risk of harm. Staff shared examples of what they would report to management or other external agencies if required. Two staff member told us about the safeguarding training they had received and how it had made them more aware about recognising different types of abuse. We found the registered manager had a good awareness of the safeguarding procedures and worked with the local authority to ensure people were kept safe.

People's individual risks had been assessed in ways that protected them and promoted their independence. Staff we spoke with gave us examples of how they kept people safe and understood the reasons for the actions they had taken. For example, where one person had been assessed to be at risk of pressure damage to their skin, actions such as pressure relieving equipment had been put in place. Staff told us how they promoted people's mobility, to ensure they regularly relieved pressure to their skin. The registered manager told us how they worked with staff to understand people's individual needs and how they can reduce risks without taking people's choice and independence away. A relative we spoke with told us their family member was at risk of falls and said, "The staff know they like to potter around, washing up and things, but they are physically fit and well". A staff member we spoke with told us how they removed trip hazards and ensured the walk ways were clear to reduce the risk of people tripping. We saw people walked around freely and staff actively encouraged this.

All people we spoke with told us they felt there was enough staff on duty to keep them safe. One person told us, "They have never kept me waiting". Both relatives we spoke with told us there were enough staff to meet their family member's care and safety needs. One relative we spoke with said staffing had never been a concern to them. Another relative said, "There is always staff around whenever we go, they are not rushing around, they have time to spend with people". We saw staff promptly answered people's requests for assistance. We found all staff were proactive in providing assistance to people. For example, we saw people who were not always able to ask for assistance were supported in a timely way. We also saw staff did not hurry people, talked with people, explained what was happening, for example when hoisting people. We saw staff gave people the time to do things at their own pace.

All staff we spoke with told us they felt there were enough staff on duty to support people. One staff member said, "Staffing is okay, we have enough staff". Another staff member told us how they put people first and left the tasks until later. They said, "I know that the staff on the next shift can pick it up if we haven't had time

and vice versa. We work as a team, there is no divide, and it really works". All staff we spoke with told us they felt the staff team were stable and that everyone worked together as a team. All staff we spoke with said the registered manager was visible within the home. Staff told us the registered manager had good knowledge and understanding of people's care needs in order to put appropriate staffing levels in place.

The registered manager along with the team leaders reviewed staffing levels and made adaptations where people's dependency needs changed or where there were unplanned staff absence. The registered manager told us that they had a good skill mix of staff in order to help to keep people safe and meet their needs.

All people and relatives we spoke with did not have any concerns about how their medication was managed. One person said, "[Staff] are very good, they'll give me an aspirin or something if I have a headache". A relative we spoke with told us the staff ensured their family member's medication was managed appropriately. They told us this had a positive effect on their health conditions. We spoke with two staff members who administered and managed medication. They had a good understanding about the medication they gave people and the possible side effects. They showed good awareness of safe practices when handling and administering medicines. For example, ensuring people received medicines at the right times. We found people's medication was stored and managed in a way that helped to keep people safe.



# Is the service effective?

## Our findings

People we spoke with felt staff knew how to look after them well and in the best way for them. One person said how much their health had improved during their short term stay, they told us, "I've really picked up since coming here from hospital". We spoke with the person's social worker who told us, staff understood the person's support needs. They continued to say that staff were enabling in their approach to care. Another person told us, "It's lovely in Orchard House; [staff] are all really good at their job". A further person told us, "They're [staff] very good; they look after you very well". We spoke with a visiting community nurse who told us the staff were organised and were aware of people's nursing care needs. Both relatives we spoke with told us staff were knowledgeable about people's care needs. One relative we spoke with felt people received good care as staff knew their family member as an individual. They said, "[The person's name] is a lot more alert. Staff are very good and understand what [the person's name] needs and what they can do for themselves". A further relative told us how much the person's emotional wellbeing had improved since their family member had come to live in the home.

Staff spoke about the training they had, and how it was useful and appropriate to the people they cared for. Staff told us how they were encouraged to develop their knowledge and were supported to enhance their qualifications, for example, in leadership roles. Another staff member told us about the training they had received about communication and how they used this for people who have a dementia related illness. They said this helped to involve people who have dementia in decisions about their care. All staff we spoke with told us that the training they did was tailored to people's individual needs. One staff member told us how the dementia care training and helped them to understand how to support people with dementia care needs in the best way.

We spoke with a staff member who had recently begun working for the provider. They explained how they were supported in their role and how their knowledge was developed. They told us the training they received and spent time working with an experienced staff member to prepare them for their role. They told us they would only work alone when they, their mentor and the registered manager felt confident to do so. We spoke with a staff member who provided support to new staff and were able to give examples of how they recognised when new staff may need extra support. They told us the registered manager put extra support in areas that were specific to their learning needs.

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 we spoke with told us staff sought their agreement before carrying out any personal care and staff respected their wishes. One person told us how staff respected their decisions about what they wanted to do with their day.

Staff were aware of who was able to make decisions about people's care, where the person was not able to. Staff understood the importance of this and ensured that the person's advocate was listened to and the decisions respected. All relatives we spoke with who had the legal right to make decisions on people's behalf told us they were listened and responded to.

Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant and how this affected the way the person was to be cared for. Staff told us they always ensured people consented to their care. We saw people's capacity was considered when consent was needed or when risk assessments were carried out.

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). We checked whether the service was working within the principles of the MCA.

The registered manager had a good understanding of the MCA process and assessments had been completed for people where it had been identified that they lacked capacity. The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS) and told us that some people who lived in the home had their liberty restricted lawfully. They had taken steps to determine who had legal responsibility to make decisions for people where they lacked capacity to make them. The registered manager had made applications to the local authority where it was assessed that there were restrictions on people's liberty.

All people who we spoke with told us they enjoyed the food at the home and they had a good range of choices. One person told us that they were always happy with what was on the menu. They continued to say they had a choice and if they did not want this, staff would make them something else. We saw where people did chose to eat in the dining room staff gave them the choice of where they wanted to sit. Staff ensured people had enough to eat and if they were happy with their meal. A relative told us, "They are so well fed, they always have a choice and as much as they would like".

We saw people were offered hot and cold drinks throughout the day and staff ensured people had drinks to hand or supported those to drink where they needed assistance. We spoke with staff about what steps they took to ensure people received adequate fluids. Staff told us people had been assessed for their risk of dehydration. Where this had been the case, individual fluid charts were tailored to each person. The fluid monitoring charts were used to demonstrate if the person was having enough fluids to keep them healthy.

People we spoke with told us they had access to healthcare professionals when they needed to and felt visits were arranged in a timely manner. Relatives we spoke with said, while in line with the person's consent, they were informed of any health concern and felt confident these were handled appropriately and in a timely way. Relatives told us staff recognised when a person became unwell and contacted the relevant health care professional where necessary. The visiting community nurse told us staff called them if they were concerned about a person. They continued to tell us the staff listened to their advice. People were supported to see the dentist or optician when they required or during their annual health check.

## Is the service caring?

### Our findings

People we spoke with told us staff were kind and caring towards them. One person said, "I get on so well with the staff". Another person told us, "The staff are very nice, they do everything to make the day comfortable". A further person told us, "[Staff] are very good; they look after you very well".

Both relatives spoke highly of the staff who provided care for their family members. One relative said, "The staff are wonderful. It opens your eyes as to how caring staff can be. I can't fault them". A further relative told us "I'd given them 10 out of 10. I'm so impressed". They continued to say how it was about the, "Little things that the staff do" that made their family member feel valued. They gave examples such as adding flowers to the rooms, laying the tables nicely at meal times and using the fine bone china for afternoon tea.

People were supported and encouraged to maintain relationships with their friends and family. Both relatives we spoke with said they were welcomed into the home and felt they were part of the family and not a visitor. Relatives told us they were able to visit when they wished, but respected that meal times were protected for people. Relatives said the registered manager knew their family member's well and could talk with them about the care provided.

We saw staff understood people's preferences and brought these into people's everyday lives. For example, one relative told us how their family member always kept busy with different tasks around the home, such as washing dishes or preparing the laundry. The relative explained the person was able to do this within the home and felt this had a positive benefit for their family member. We saw people helped with tasks around the home and were made to feel included. One person told us that they were going to clean up the dishes as it was, "Their job". Staff told us how promoting people's independence was important for their well-being and said, "It's about focusing on what they can do and not what they can't do".

Staff told us they gained understanding through spending time with people. One staff member said, "This is about living a life, chatting to other people. I just like it to be like a big family, having a cup of tea and holding someone's hand is important. More important than putting the washing away. The tasks will get done".

Staff we spoke with were able to tell us about individual people, their life histories, their life style choices and preferences. Staff told us how they had planned a person's birthday celebrations. The relative we spoke with confirmed that staff had made the day special for the person. They told us, "They did a lovely job, so many special touches. Our family and friends came too and commented how lovely it all was".

Throughout the inspection we saw staff were kind and caring towards people they supported. We saw people smile at staff when they spoke with them. Staff were naturally at ease with people which encouraged further conversations. We saw when there was live music being played in the lounge, they were careful to engage, encourage and involve people. We also saw this created conversations between staff and people and encouraged positive interactions.

People said they felt involved in decisions about their care and their wishes were listened too and respected.

People we spoke with felt all their choices and decisions in all aspects of their care were listened to. For example, people told us they could get up in the morning and go to bed at a time that suited them.

One relative we spoke with told us, "It's a small home; people know the staff very well". They continued to say that even though their family member had dementia, they recognised the staff and responded positively towards them. They said when their family member had returned home from hospital, the staff were welcoming and waiting outside for the person to arrive. The relative said their family member spoke to, "Their favourite member of staff and told them how much better they were feeling now they had seen them again".

People told us they were always treated with dignity and respect. One person said, "They are very good to me here". People told us that when they received personal care it was done so in a dignified and respectful way. People said they chose their clothes and dressed in their preferred style. We saw staff ensured people clothes were clean and changed if needed. We heard staff speaking with people in a calm and quite manner and where encouragement was needed to assist a person with their drink, this was done gently and at the person's own pace.

Where staff were required to discuss people's needs or requests for personal care, these were not openly discussed with others. Staff spoke warmly and respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

## Is the service responsive?

### Our findings

People told us they were involved in the development and review of their care. People who were receiving respite care said staff met their needs in a way in which suited them. One person told us how the staff had ensured they maintained their independence while also building their confidence. They told us how staff had done this and said they were looking forward to moving out into their own accommodation. We spoke with a visiting social worker who explained how realistic staff were about what support could be offered to people. They said staff always provided people with opportunities to be included in their care and treated people as individuals with their choices and decisions.

Through our conversations with staff it was evident staff knew people well. We saw that one staff member recognised one person appeared low in their mood that morning. The staff member spoke with the person and provided them with their knitting. We saw the person was happy with this and saw the person enjoyed talking with people and staff about their knitting.

Staff told us they worked together and had good communication on all levels. All staff we spoke with said they had detailed information of people's current care needs at the beginning of each shift. The registered manager told us and staff confirmed they had this information at the beginning of each shift. All staff we spoke with felt that due to the good levels of communication that was in place, such as team meetings and on-going communication, people received the care they wanted in a timely way. One staff member said, "Teamwork is brilliant, we all work well together". The staff member felt that this improved the delivery of care for people as all staff were up-to date with people's most current care needs.

We asked people if they were supported to maintain their hobbies and interests. Some people we spoke with told us that they did not wish to pursue their hobbies and interests as they wanted a more relaxed pace of life. One person told us how they attend some outings but also liked to spend time on their own at staff respected this.

Both relatives we spoke with said there were many activities available that interested people. One relative told us, "They have a lot going on, singing, flower arranging, they went on holiday last year and are planning to go again this year". Both relatives felt that the staff provided a good varied selection of things people enjoyed doing.

We spoke with the activities co-ordinator who shared examples of how they met people's individual preferences for their hobbies and interests and supported people to enjoy their lives. They explained that as people's care needs had changed, activities had been adapted to better suit people. For example, holding more events such as live music, flower arranging and gardening at the home, so people's care needs would also be supported. They discussed how they involved the local vicar who attended the home to provide a communion service. They also told us about a holiday that had been planned for four of the people living in the home. One person we spoke with told us they had been the previous year and had really enjoyed it, and were looking forward to going again.

All the people and their relatives we spoke with felt they were listened to. People and relatives did not raise any concerns with us, and felt if they did they could speak with staff. Staff told us should someone raise a concern with them they would try to resolve this where they were able. Staff said that if they could not it would be reported to a team leader or the registered manager. Staff felt confident that any concerns raised would be responded to and managed.

The provider shared information with people about how to raise a complaint about the service provision. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies they could also obtain support from if people were they not satisfied with the outcome. We looked at the provider's complaints records over the last twelve months and saw no complaints had been received.

## Is the service well-led?

### Our findings

All people and relatives we spoke with felt included and empowered to be involved in the running of the home. They said they would speak with the staff or the registered manager if they needed to. People and their relatives told us staff often asked if everything was going well or if there were any changes or suggestions they had for improving the service.

Meetings were held for people who lived in the home. This gave people the opportunity to discuss the running of the service. For example, people discussed what activities went well that month, what they would like to do in the future. The registered manager told us relatives meetings had been held in the past; however these were not always very well attended. The registered manager explained they were available for relatives to discuss any matters and felt this approach worked best. We spoke with two relatives who told us the registered manager was available to speak with them and that they felt included in the way the service was run, with any suggestions or comments responded. They told us that updates were always provided.

Staff told us they had clear roles and responsibilities, each staff member we spoke with knew what was expected of them and what their duties were for the day. One staff member told us that having clear roles meant everything ran smoothly as staff had a sense of ownership to fulfil their role.

Staff told us they felt supported by the management team and their peers. All staff members we spoke with told us they enjoyed their work, and working with people in the home. They said if they had any concerns or questions they felt confident to approach the registered manager. One staff member said, "Staff are treated well. [The service] is run well. It is more person-centred, we can spend more time individually with people and the more time we spend with people the more job satisfaction I get". Another staff member told us, "I'm proud of the job I do. Anything I discuss with [the registered managers name] I know will be treated respectfully and professionally, with a good end result". They continued to say that the registered manager was, "Very approachable".

A further staff member said, "[The registered managers name] comes up every morning, says hello to the staff and residents first and has a little chat".

Staff told us they felt valued by the registered manager and the provider. They told us how the provider held star awards where they were recognised for the work they did to care for people. The registered manager explained that staff were nominated by relatives, people or staff and this was then taken forward to the provider. We saw that one of staff member had been recommended for an award because of the way they cared for a person at the end of their life that had been recognised by the person's family. The registered manager spoke highly of all the staff and said, "It's a team effort. You can't do anything on your own".

People who we spoke with told us they knew who the registered manager was. We saw the way people interacted with the registered manager was positive. It was clear the registered manager knew people well. People, their relatives and staff told us the registered manager was always visible within the home and felt able to talk to them in passing, or felt able to visit them in their office. One relative said, "[The registered

manager's name] gives me a ring if they need to know something, or if they need to let me know if something had happened". Staff told us seeing the registered manager regularly supporting people and staff made them feel more confident to approach them as they were part of the everyday running of the home.

We saw the team leaders spent time checking everything was running well in the home and any changes that day were reported to staff so they were kept up-to date. A team leader told us how they found the culture of the home to be very important and any concerns from staff were managed promptly. They explained that maintaining a positive culture within the home was important and that hiring the right staff for the caring role was taken seriously to maintain the ethos of the service.

The registered manager looked at areas such as staff training, incidents and accidents, medicines and care records to be sure people were receiving the care they needed. The experience of people was looked at within these areas. For example, should a person have received two or more incidents checks would be made to ensure there was not an underlying medical cause which may need further investigation.

The registered manager told us that the provider completed bi-monthly checks and their findings were fed back to the registered manager for areas of improvement. The registered manager explained how these checks were in line with gaining people's experiences of the care they received. They told us the results was a positive reflection of the work which had taken place within the home. This information was feedback to staff at staffing meetings, so improvements could be made, for example with accurate completion of fluid charts. Staff we spoke with felt the meetings were useful. One staff member said they were, "Worthwhile" as they were kept updated with current situations and knew what action to take so people received the best care possible.