

Anchor Trust

Orchard Court

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?

Requires Improvement ●

Summary of findings

Overall summary

Orchard Court is a care home that provides nursing and personal care for up to 63 people. Some of the people living at Orchard Court are living with dementia. The home is divided into seven units, each with their own kitchen/dining and lounge area. There is a communal lounge on the ground floor of the home.

At the time of our inspection 57 people were living at Orchard Court.

This inspection took place on 19 February 2016 and was unannounced. During this inspection we followed up on the two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which we found at our inspection in August 2014. Following that inspection we had received an action plan from the provider telling us what they planned to do in order to ensure there were enough staff on duty and staff treated people with respect and dignity. We found during this inspection the provider had taken the necessary action in relation to these breaches.

The home had a registered manager. 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 and associated Regulations about how the service is run. The registered manager assisted us with our inspection on the day.

Care plans contained information to guide staff on how someone wished to be cared for. Although we found records held for people were not always contemporaneous and there were some gaps in information.

Where people had risks identified staff were knowledgeable in how to help mitigate these risks. Accidents and incidents were recorded and monitored by the registered manager for trends and action taken when necessary.

People received care from a sufficient number of staff. Staff maintained people's health and ensured good access to healthcare professionals when needed. For example, the doctor, optician or district nurse. People received their medicines in a safe way as staff followed correct and appropriate procedures in administering medicines. Medicines were stored safely and appropriately.

People were cared for by staff who evidently cared about them. Staff demonstrated they were kind and respectful to people. Care was provided to people by staff who were suitably trained. People and relatives were happy with the care provided and they were made to feel welcome when they visited.

People had access to a range of activities. Staff had worked hard to develop activities which were suitable for everyone living at Orchard Court. People were provided with a choice of meals each day and those who had dietary requirements received appropriate food to ensure they were not at risk of choking.

Staff understood the legal requirements in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The correct processes were followed when people were deprived of their liberty.

Staff received relevant support from their manager. This included regular supervisions and undertaking training specific to their role.

Safe recruitment practices were followed, which meant the provider endeavoured to employ staff who were suitable to work in the home. Staff were able to evidence to us they knew the procedures to follow should they have any concerns about abuse or someone being harmed.

Quality assurance checks carried out by staff to help ensure the environment was a safe place for people to live and people received a good quality of care. People, relatives and staff were involved in the running of the home as regular meetings were held and suggestions made were listened to.

Complaint procedures were available to people and should the home have to be evacuated there was a contingency plan in place which meant people's care would be uninterrupted.

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.

There were enough staff on duty.

Staff followed safe medicines management procedures.

People's risks were known to staff and had been assessed and recorded.

The provider carried out appropriate checks when employing new staff.

Staff were trained in safeguarding adults and knew how to report any concerns. There was a contingency plan in place in case of an emergency.

Is the service effective?

Good ●

The service was effective.

Staff were trained to ensure they could deliver care based on latest guidance.

Staff followed the legal requirements in relation to Deprivation of Liberty Safeguards and the Mental Capacity Act.

People were provided with food and drink which supported them to maintain a healthy diet.

People received effective care and staff ensured people had access to external healthcare professionals when they needed it.

Is the service caring?

Good ●

The service was caring

People were treated with kindness and care, respect and dignity.

Staff encouraged people to make their own decisions and feel independent.

Relatives were made to feel welcome in the home.

Is the service responsive?

Good ●

The service was responsive.

People were supported to take part in a range of activities and activities were appropriate for people living with dementia.

Care plans contained the necessary information about people to ensure staff knew what care to provide.

People were given information how to raise their concerns or make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Records were not always completed in a contemporaneous way.

Staff felt things had improved in relation to management support, but there was still more work to be done.

Quality assurance audits were carried out to ensure the quality and safe running of the home.

People, relatives and staff were involved in the running of the home.

Orchard Court

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 checked 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 unannounced inspection took place on 19 February 2016. The inspection team consisted of four inspectors.

Prior to this inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not review the 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. This was because we had inspected this home in August 2014 and were carrying out another fully comprehensive inspection to check the provider had taken the necessary action in relation to the breaches of Regulation that we had found at that time.

As part of our inspection we spoke with 10 people, the district manager, the registered manager, the care manager, nine staff, three relatives and one social care professional. We observed staff carrying out their duties, such as assisting people to move around the home and helping people with food and drink.

We reviewed a variety of documents which included seven people's care plans, eight staff files, training information, medicines records and some policies and procedures in relation to the running of the home.

We last inspected this home on 12 and 14 August 2014 where we identified breaches of Regulation 17 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to Regulation 10 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "Staff are friendly, I feel comfortable here." Another said, "I have nothing to worry about." A further commented, "There is always someone here for me." A relative told us, "I feel they are safe. They check her at night." Another relative told us, "There is always someone at the desk when I come in and you have to sign in and out."

People felt there were enough staff around to keep them safe. One told us, "There are (enough staff) when I need them." Another said, "You can always get help. I've got a (call) bell I use it regularly." A further commented, "I think so, they look after you well." Relatives supported these comments. One told us, "Yes, there's always staff about."

People were cared for by a sufficient number of staff. At our inspection in August 2014 we found staffing levels fell below the number the registered manager told us were needed. During this inspection the registered manager told us they had increased staffing levels throughout the home, both during the day and at night. They said they had introduced more frequent and staggered breaks for staff to keep staffing numbers up in the units as previously staff break times often coincided. The registered manager kept an overarching risk assessment/dependency tool for people which they used to determine the staffing levels. The records showed that on the majority of days over a 14 week period 10 or 11 staff were on duty which was in line with what we had been told and what were needed. Staff told us they had noticed a difference in staffing levels and this had resulted in them being able to attend to people more promptly and spend more social time with people. The activities co-ordinator said more people were attending activities because staffing levels meant people were supported to go to the main lounge area which had not always happened before due to staff shortages. We found on the day there were a sufficient number of staff on duty. We were satisfied with the actions taken by the provider to address the breach of regulation we had found in August 2014.

Despite the increase in staffing levels however, deployment of staff was such that it meant some people did not always receive the care required, when they required it. For example, after lunch, six people were in one lounge, but no staff were present for at least 20 minutes. Some staff told us that at times they felt the distribution of staff resulted in some units being short staffed whilst other units appeared to have plenty of staff on duty. We spoke with the registered manager about this and by the end of our inspection they were able to demonstrate to us they had introduced another level of dependency tool which focussed on not only dependency throughout the whole home, but on dependency in individual units which would help ensure each unit was appropriately staffed.

Accidents and incidents that occurred were recorded and reviewed by the registered manager in order that they could identify any trends and action was taken to prevent further occurrences. For example, as a result of people falling, they had introduced sensor mats in some people's rooms and increased staffing levels at night. The care manager of the home worked closely with external health professionals to consider other ways in which the number of falls in the home could be reduced. The registered manager told us that most falls occurred in one unit where the dining room and lounge were separate areas. The registered manager

was proposing altering the layout of this unit to create one lounge/dining area which she felt would help mitigate reoccurrence of falls.

Risks to people had been identified and assessments drawn up to help keep them safe. Risk assessments in people's care plans were around people's mobility, food and fluid and skin integrity. There were copies of Surrey's County Council's choking policy available for staff in each unit which outlined guidance for staff in how to support people and reduce the risk of them choking. Where one person was at risk of scalding themselves because they made tea on their own there was guidance for staff on how to help reduce this risk. Staff were aware of the risks to people and were able to describe some to us. For example, one person smoked and there was a risk assessment in place which included staff making sure this person wore a fire retardant apron, which we saw happen.

People were protected from the risks of abuse and harm. Staff had a good understanding of the different types of abuse and described the action they would take if they suspected abuse was taking place. Staff were able to tell us about the role of the local authority in relation to safeguarding. One staff member said, "I would speak with staff and the manager as soon as possible." Staff were also aware of the whistleblowing policy which meant they would know how to report any other concerns they had about the home

In the event of an emergency the home's contingency procedures would be followed and people's care would continue with as little impact as possible for them. Each person had an individual personal evacuation plan in place. Staff were up to date with their fire training and carried out fire drills so they would know what to do in the event of a fire. All information related to an emergency was held in a 'grab' folder in the lobby of the home so it was easily accessible for staff.

People received their medicines when they expected them. One person told us, when asked whether their medicine was given when it should be, "Yes, it is always on time."

People's medicines records were up to date which meant staff would know when people had received their medicines. Each person had a medication administration record (MAR) which stated what medicines they had been prescribed and when they should be taken. MAR's included people's photographs and there was a signature list to show which staff were trained to give medicines. We found no signature gaps in relation to people's MAR's which meant it was clear people had been given their medicines when they required them. Guidance for PRN (as needed) medicines was in place together with a medicines policy which included the administration of homely remedies (medicines which can be bought over the counter without a prescription). Where people's medicines had changed information had been updated both in the person's care plan as well as on their MAR.

Medicines were stored appropriately. There were individual locked trollies in each unit and keys were kept securely. The medicines fridge temperature was monitored and records kept showing the temperatures were within safe guidelines. When staff moved medicines around the home, there was an internal policy in place that they followed.

Staff recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work at the home. They included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with adults at risk.

Is the service effective?

Our findings

People were very positive about the food. One person said, "It is excellent." Another told us, "The food is good." A further commented, "It is very good." Another said, "Lovely meal, beautiful food." We read in the chef's comments book, 'the lunch was very, very good' and, 'thoroughly enjoyed eating my meal – thank you'. Everyone said their meals were served to them promptly and hot. A relative told us their family member had been "Eating well" and, "Gaining weight."

Staff knew people's dietary requirements and nutritional needs, for example, if someone required pureed food or if they were diabetic. We saw that people were given appropriate food in relation to what was in their care plan and where appropriate advice had been sought from professionals, such as the Speech and Language Therapy team. There was a choice of two main meals each day and people who required a pureed diet were offered choices which included a vegetarian option. People received appropriate support to eat and were shown visual choices by staff. People who needed help to eat received this from staff.

Lunchtime was organised and calm with staff supporting people in a purposeful manner. People who preferred to eat in their room were given their food promptly and those sitting in the dining areas were able to sit where they preferred. People were provided with sufficient food and fluid both during lunch time and at other times throughout the day. One person told us, "We can have a snack if we want it."

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) processes were implemented appropriately. 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's care plans contained evidence of mental capacity assessments and best interest meetings. For example, in relation to people who may lack capacity to maintain their own personal care needs. We saw in people's care records where people had capacity they had signed to consent to their care and we heard staff obtaining people's consent before they supported them. Staff had a good understanding of the MCA and were able to describe to us why it was important to follow it.

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). The registered manager had submitted appropriate applications in relation to people. For example, in respect of people who may wish to leave the home but could not do so without being accompanied by staff.

People were supported by staff who were trained, competent and able to do their duties unsupervised. Staff received induction when they started work in the home. One staff member said it was a three-part process which covered the policies in the home, e-learning and shadowing different staff. They said the induction had meant they felt confident to work on their own. Training records showed us that compliance with the

provider's mandatory training requirements was being monitored and staff said management reminded them if they were behind on their training. The range of training topics included health and safety, food hygiene, infection control and moving and handling. The registered manager told us 16 staff were due to start the 'Anchor Inspires' programme which was an internal accreditation award relating to best practice.

Staff had the opportunity to meet with their line manager on a regular basis. This gave them the opportunity to discuss any aspects of their job and for the registered manager to check they were applying their training in practice. Staff could progress professionally. One staff member told us, "I am doing an English exam today in preparation for my diploma in social care." Another said, "We get a chance to develop our careers and take part in further training."

The health needs of people were met and people received effective care. Care plans evidenced the involvement from external health professionals to provide guidance to staff on a person's changing needs. We read people had involvement from the GP, district nurse, chiropodist and dentist as well as other professionals. The GP routinely visited the home and staff had close working relationships with the community nurse advisors. One person told us with staff support, "When I got here I couldn't walk, but now I am using a frame."

People were supported by staff to remain healthy as they were provided with a range of nutritious foods, weighed regularly and their health needs reviewed. People told us if they needed to see a health professional they would, "Speak to staff and they will contact them," "I'd ask staff and they would arrange it" and, "They arrange for me to go next door to the GP." A health professional told us staff were, "Good at mentioning issues and if staff are really worried they will refer a person to the GP or district nurse." They added, "Staff are good at picking up on things."

Is the service caring?

Our findings

One person told us, "They are all very friendly. Not one I wouldn't trust." Another said, "They come and help. They always give help to you." Further comments we received included, "It's very nice here. I love it here. Everybody looks after you." One person described the home as, "Being as close to my own home as possible." Relatives told us, "They are helpful" and, "The residents all have smiles on their faces." One relative said they were content with the home and were confident their mother was looked after.

At our inspection in August 2014 we found staff did not always treat people with the respect and dignity. We found at this inspection the registered provider had taken action to ensure staff treated people in a way they should expect.

It was evident staff were very caring and people lived in a calm, relaxed environment. There was good interactions between people and staff. Staff used terms of endearments to people when they spoke with them. For example, "Hello my lovely" and "Sit down my dear." When one person started coughing staff checked they were alright and when people were given their food, staff warned them that the plates were hot. We observed staff involving people in conversation, discussions about newspaper stores and interacting kindly and in a genuine way. We observed people chatting together and enjoying each other's company. There was little evidence of televisions being on in the units, as a way of replacing interactions with staff, instead radios were providing background music. The home had a good atmosphere and was homely.

People were encouraged and prompted when required. For example, during lunch time one person had refused to join people at the table. We saw a member of staff gently persuade this person to join in which they did. We then saw the staff member help this person to eat their lunch. We watched staff care for people and it was done with dignity and in a kind way. Staff ensured people's dignity was maintained by adjusting people's clothes when they were sitting in their chair and by ensuring they were warm and comfortable.

Staff treated people in a kind and observant way and reassured people when they needed it. People were appropriately dressed and had suitable footwear on. People's rooms were personalised and we saw that staff had tidied them so they would look welcoming when they returned to them later.

People were able to have privacy when they wanted it and were made to feel they mattered. One person told us, "If I have a word then they will let me have time to myself." They added, "They (staff) all know my name and they talk to me." Another told us, "Staff are good, they respond when I ask for things." A further said, "People are always really nice and I know if I ask for something they are here to help."

People were treated in a respectful way and with dignity. We saw staff knock on people's doors and heard them address people in a polite manner, using their preferred name. One staff member told us they would ask people what they wanted rather than, "Doing things to people." They added, "This is their home. We are a guest in their home helping them." Another told us they, "Build a relationship with each person and treat them as individuals each with their own characteristics."

People could make their own decisions and were encouraged to be independent. One person told us, "I cannot go out, but can do things for myself." Staff asked people if they would like to join in with activities and where they would like to sit. Staff gave people choices for example, different choices of juice. The activity coordinator had created a 'shopping trolley' where people could buy inexpensive items such as biscuits or toiletries. This allowed people to feel independent and experience making their own shopping decisions. One person said the home offered them, "Independence" with, "No regimentation."

Relatives and friends were welcomed into the home and people were encouraged to maintain relationships with people close to them. We saw visitors on the day of the inspection. One relative told us, "They are always very accommodating." Another said, "I come in three times a week or so."

Is the service responsive?

Our findings

Staff made people feel they mattered as they had taken action to improve the activities that took place in the home. One person told us that Valentine's Day was important to them and staff had enabled them to have lunch with their spouse on the day. Another person told us they enjoyed going to the main lounge (to take part in the activities). One person said they liked the coffee morning's that were held. As we left the home we observed the activity coordinator facilitating a 'pub evening' which was well attended. One person started playing the piano and people were singing, with drinks and snacks being served. This gave people who may not usually go out the opportunity to have a lively and stimulating event. Staff supported people to participate in important events such as celebrating Burns Night, Chinese New Year and Valentine's Day.

People were being asked for their feedback in relation to activities as a new programme of events was being developed. Some new activities had already taken place, such as making soup. Appropriate activities and items for people living with dementia had been introduced. For example, sensory items such as 'fiddle' cushions, memorabilia and basic arts and crafts. The activity coordinator said they pre-prepared some of the art and craft to enable people living with dementia to participate in the activities more easily. The registered manager had introduced 'down time' during the morning and afternoon for staff when they were expected to spend time with people. Staff played games with people, sat and drew with them or facilitated a quiz. A professional commented, "Really like it here, always things going on."

People received information in a way that was appropriate for them. Activity programmes were displayed in the main lobby as well as individual units. A quarterly newsletter was produced which gave people details of special events taking place as well as general news about Orchard Court. The current newsletter relayed information about menu's, activities, staff and the refurbishment that was taking place.

Staff had information available to them on people's care needs. People's needs were assessed before they moved into the home. This assessment was used to form the basis of the person's care plan. People's care plans contained care needs, past life and interests, food and weight information. The information contained in the care plan gave staff details about people and the care they needed. It covered people's preferred daily routine and individual preferences. Staff knew people well and were clear about the care people required. Staff described the needs of people they supported in line with the care plan. For example, they knew people who had specific health needs. A relative told us they were included their family member's care plan when they first moved in to Orchard Court.

People's most up to date information was relayed to new staff coming on duty. Handover meetings were held between staff during each shift change which meant staff would know of any changes to a person's need or anything important that had happened during the earlier shift.

People were provided with information on how to make a complaint or comment on any issue they were not happy about. There was a complaints policy available. There was a complaints log and we read that 15 complaints had been received in the last 12 months. The registered manager had responded promptly to

these complaints. For example, in relation to a situation between two people. People told us they knew who to speak to. One said, "I would speak to one of the ladies here." Another told us, "I would speak to the manager." A relative told us they had raised issues in the past and the (registered) manager had dealt with them, "Sympathetically." One person said they felt people could, "Always have their say and could complain."

Is the service well-led?

Our findings

We asked people if they felt the home was well-led. One person told us, "The manager was here yesterday. She joined in conversations." They told us they saw the manager around, "Very often." A relative told us, "She (the registered manager) knows me by my first name." Another said, "I know her and she knows me."

People received the care they required however records were not always contemporaneous and information was incomplete. For example, three people's care plan had gaps in their daily notes and one person's topical medicines (creams) chart was not dated. Another person required to be weighed weekly. Staff told us this happened but they had failed to record it as records indicated they had last been weighed three weeks ago. We noted this person was not losing weight. Two people could sometimes go into other people's rooms. Although staff told us how they would react to this and we saw staff act appropriately when this happened, there was a lack of written guidance for staff on how to deal with this situation. One person did not receive health attention as promptly as they could have done because of gaps in the written information in their care records. The registered manager told us one of the provider's managers was currently reviewing all of the care records to check information was complete and up to date.

We recommend the registered provider monitors care plans to ensure contemporaneous records are held for people.

Staff told us things had improved since our last inspection and management was much more supportive. One member of staff said, "Things are much better and management is better. I feel happier now." Another member of staff told us, "I'm happy working here." One member of staff told us they felt supported and if they wanted to share a concern they felt able to do so. However, other staff told said they still felt they were sometimes undervalued and wished management would say, "Thank you" more often. The latest staff survey results showed us that there was an increase in staff satisfaction which was positive and we talked with the district manager and registered manager about the continued work they needed to undertake to continue to improve staff morale. The district manager told us they and the registered manager had worked hard to improve the 'spirits' of staff and that staff retention was good. They said the best thing about Orchard Court was, "Staff do not stand still. They are keen to develop. They have 'dived' into the Anchor Inspire programme and they are responsive and are open to development."

The registered manager was aware of their responsibilities. Registered bodies are required to notify us of specific incidents relating to the home. We found when relevant, notifications had been sent to us appropriately. For example, in relation to any serious accidents or incidents concerning people which had resulted in an injury.

Staff were involved in the running of the home and their suggestions were listened to. For example, staff had requested a communications book at the last staff meeting and this had been introduced. Regular staff meetings were held and these were used as an opportunity to cascade information from the provider to staff, discuss any aspect of the home and for staff to contribute by making suggestions for improvements. There was good attendance at these meetings.

People and their relatives were able to make suggestions and become involved in the home as the registered manager sought their views. Suggestions and feedback was listened to. For example, people had asked for more consultation with the menus. As a result people had been invited to assist the chef with the spring/summer menu. People had also asked for regular updates on activities and new weekly activity planners had been introduced. One person said they knew about the residents meetings. A relative told us, "I have been asked for feedback on a form and I am invited to meetings."

Quality assurance checks took place to help ensure a good quality of care was provided and the environment was a safe place for people to live. For example, medicines, catering and infection control audits as well as health and safety checks. The provider undertook general and support visits to the home to check aspects of the care being provided. There were few actions identified and those that had been were being acted upon. For example, a deep clean of the home. Staff wrote any general maintenance issues in a book which were then actioned by the maintenance person.

We asked people what the best thing was about living at Orchard Court. One person told us, "The food." Another said, "You can't pick one thing. It is all excellent – the whole lot." A further commented, "The friendliness. I don't think I could say anything else." A relative said, "The friendliness. All the staff are very friendly and welcoming." A member of staff told us what meant the most to them was, "The feeling you get when a person recognises something and gets a sparkle in their eyes."