

Barchester Healthcare Homes Limited

Orchard House Care Centre

Inspection report

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Date of inspection visit:
28 June 2022
01 July 2022

Date of publication:
20 July 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Orchard House Care Centre is a care home providing accommodation and nursing care for up to 60. People are supported across three separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia. There were 58 people living at the home at the time of the inspection.

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

People and relatives told us they felt safe and were happy with their care. They confirmed staff were kind and caring and we observed positive interactions between staff and people.

We received mixed feedback in relation to the staffing levels at the home. The registered manager agreed to review the current staffing levels to ensure sufficient numbers of staff are available to meet people's needs. Safe and effective recruitment practices were in place and followed.

People's care plans and risk assessments contained consistent and detailed information in relation to people's needs and how these should be managed. People's health needs and wellbeing was monitored in line with the information highlighted in their care plans and risk assessments.

People received their medicine as prescribed. Medicine administration care plans and 'as required' (PRN) plans provided staff with clear and detailed information on how people liked to receive their medicines and when these medicines should be given.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Orchard House Care Centre was clean and well maintained. Environmental risks had been considered and acted on where required. Infection, prevention and control processes and up to date policies were in place. The provider, management and staff adhered to the latest government guidance in relation to infection, prevention and control.

The management team understood their regulatory responsibilities. There were effective governance systems in place to identify concerns in the service and drive improvement.

There was a person-centred culture within the service. People were actively involved in making decisions about their care and were asked for their views about all aspects of the service.

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

Rating at last inspection

The last rating for this service was good (Report published 10 April 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We, therefore, undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Orchard House Care Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Orchard House Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by one inspector.

Service and service type

Orchard House Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Orchard House Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 28 June 2022 and ended on 6 July 2022. We visited the service on 28 June 2022 and 1 July 2022.

What we did before the inspection

We reviewed the information we had received about the service, including the previous inspection report and notifications. Notifications are information about specific important events the service is legally required to send to us. We also used information gathered as part of the monitoring activity that took place on 21 April 2022 to help and inform our judgements.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the area manager, registered manager and deputy manager for the service. We also spoke with seven staff members which included, one nurse, four care staff and ancillary staff. We observed care that was being provided and spoke with 10 people using the service. We received feedback from five relatives and one social care professional.

We reviewed a range of records, including nine people's care records in detail, and 15 people's medicines records. Three staff files were reviewed in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staffing levels were determined by the number of people using the service and the level of care they required. The registered manager kept staffing levels under review and used a formal assessment tool to determine the numbers of staff required to meet people's needs. The registered manager regularly monitored the staffing levels by completing weekly call bell audits to help identify that staffing levels remained sufficient and people's needs were met in a timely way. However, we received mixed views in relation to the staffing levels within the home.
- Although people were positive about the staffing levels at Orchard House Care Centre, and told us, "Staff usually respond to my call bell fairly quickly" and "They [staff] come quickly when I ring my bell" staff and relatives felt at times there could be more staff available to meet people's needs. Staff and relatives commented, "There are days when we are short staffed and would like to give people more time" and "On recent visits we have noted that there are fewer staff (carers) in attendance- particularly on memory lane (dementia unit)." Relatives and staff comments were discussed with the registered manager and area manager who agreed to review staffing levels across the home.
- Short term staff absences were covered by existing staff members, regular agency staff and the management team where required. This helped to ensure people had a consistent staff team.
- Safe and effective recruitment practices were followed. We checked the recruitment records of three staff and found that all the required pre-employment checks had been completed prior to staff commencing their employment. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigation of any gaps in employment. This helped to ensure only suitable staff were employed.

Assessing risk, safety monitoring and management

- People had care plans and risk assessments in place which were specific to their individual needs. These included care plans and risk assessments in areas such as, diabetes management, choking, skin integrity, epilepsy and mobility. Risk assessments contained clear and detailed information for staff on how to mitigate and manage risks to people.
- Risk assessments were reviewed and updated regularly, which helped to ensure staff were provided with the most up to date information on how best to support people safely.
- Monitoring records including repositioning and food and fluid charts demonstrated that people were supported as detailed in their care plans and risk assessments and that these risks were monitored and managed as required.
- People had up to date Personal Emergency Evacuation Plans (PEEPs) in place, these described the support people would require in the event of a fire or similar emergency. Checks of fire equipment such as alarms, door, lighting and fire extinguishers were completed regularly.

- Environmental risk assessments, general audit checks and health and safety audits were completed. Action had been taken where needed, to help ensure the safety of the environment.
- Gas and electrical safety certificates were up to date, and the service took appropriate action to reduce potential risks relating to Legionella disease.

Using medicines safely

- Medicines were managed safely.
- Arrangements were in place for obtaining, administering and disposing of medicines in accordance with best practice guidance. Records of medicine administration confirmed people had received their medicines as prescribed.
- Information regarding the support people needed with their medication was recorded within their care plans and was clear, up to date and accessible to staff. People told us they received their medicine as needed.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. Systems were in place to update training and staff competency as required.
- Medicines that have legal controls, 'Controlled drugs' were appropriately and safely managed and monitored.
- There were effective systems to ensure prescribed topical creams were managed safely and applied as required.
- Regular checks and audits of the medicines system were carried out to ensure they continued to be managed in a safe way.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse.
- People and relatives told us they felt they received a safe service. A relative said, "I believe [person] is safe." A person told us they felt, "Very safe, it's very nice here and I am well looked after." Another person said, "I feel very safe, I have never slept well until I came here."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse.
- There were processes in place for investigating any safeguarding incidents. Where these had occurred, they had been reported appropriately to CQC and the local safeguarding team.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting arrangements followed current government guidelines and people enjoyed unrestricted visits from family and friends.

Learning lessons when things go wrong

- There were effective systems in place to assess and analyse accidents and incidents. This system allowed themes and trends to be identified and acted on to prevent and mitigate reoccurring risks.
- Lessons learned were shared between all services run by the provider to help ensure actions would be taken to improve the service and reduce the risk of similar incidents occurring to all people.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received mixed views from people and relatives about the running of the service. A person said, "The manager is very good and I'm very confident that if I had any concerns they would be acted on." Another person told us, "All the staff including the management really want what is best for people." When we asked a relative if they felt the home was well-led? They responded with, "The intention is there, possibly not the resources." Another relative told us, "I feel on the whole it is well managed. However, management and leaders of departments should remain flexible and ready to cover their staff when necessary, so the running of the home is not compromised." Both these comments were in regard to staffing levels within the service. This has been addressed in the safe domain of this report.
- We observed a person-centred culture within the service and staff spoke with people in a kind and caring way. A staff member told us, "I love working here; looking after the residents, helping them and giving them what they need." Another staff member said, "I really enjoy helping people and making them feel valued every day."
- People spoke positively about the care they received from the staff and spoke about their kind and caring nature. One person said, "The Staff are all so good, they really care about the people here and are all very professional." Another person told us, "It's all excellent."
- The provider, management team and staff promoted people being actively involved in making decisions about their care and were asked for their views about all aspects of the service, including food, staffing and activities. Feedback was gathered from people using the service and their relatives in a range of ways; these included quality assurance surveys, one-to-one discussions with people and their relatives, and emails and telephone contact.
- There was a 'you said, we did' board in the reception area. This was used to provide feedback to staff, people and visitors about actions the management team had taken because of suggestions and comments received.
- The majority of staff told us they felt valued and were positive about the management team.
- Each month staff, visitors or people could vote for an employee of the month with nomination forms on display in the reception area. Winning staff received various gifts as a thank you for their performance.

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

- There was a clear management structure in place, consisting of the registered manager, the deputy

manager and various heads of department, such as catering and housekeeping. The provider's area manager also attended the home regularly to help ensure provider oversight.

- There were robust quality assurance procedures in place, which included audits of care plans, infection control, medicines, the environment and accidents and incidents. Systems were in place which allowed the management team to view the outcomes of audits and make changes if required. This helped to drive improvement throughout all services run by the provider.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies regarding safeguarding, whistleblowing, complaints and infection control. Processes were in place to ensure these policies and procedures were shared with and understood by staff.
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and significant events as required.
- The previous performance rating was prominently displayed in the entrance of the home.

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

- There was an open and transparent culture within the home. People and relatives were confident that if they raised any issues or concerns with the management team, they would be listened to and these would be acted on.
- The registered manager was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.

Continuous learning and improving care

- There were systems in place in relation to the monitoring of complaints, accidents, incidents and near misses were recorded and monitored. These systems allowed oversight of these areas and helped identify any themes and trends. If a pattern emerged, action would be taken to prevent reoccurrence.
- A range of audits and quality monitoring procedures were in place. Where these had identified improvements were required, subsequent audits and reports showed appropriate action had been taken.
- Staff performance was closely monitored by the management team.
- All learning was shared with staff during staff meetings, handovers and supervision.

Working in partnership with others

- The service worked in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.
- The management team were clear about who and how they could access support from should they require this. This included from social care professionals and health professionals.