

HMT Care 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 responsive? | Good ● |
|----------------------------|--------|

|                          |        |
|--------------------------|--------|
| Is the service well-led? | Good ● |
|--------------------------|--------|

# Summary of findings

## Overall summary

### About the service

Orchard House is a residential care home providing personal care to up to 15 people. The service provides support to people mainly living with Huntingdon's Disease. At the time of our inspection there were 12 people using the service. The service comprised of one large adapted building and a bungalow in the grounds.

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

People told they were happy living at the service. Relatives told us they thought their loved ones were safe and well cared for.

Potential risks to people's health and welfare had been assessed and staff were provided with guidance to mitigate the risks. Accidents and incidents were analysed to identify patterns and trends with action taken to prevent them happening again. The manager worked with the local safeguarding authority when concerns were raised to keep people safe.

Care plans contained information about people's choices and preferences, they had been reviewed when people's needs had changed. People's health needs were assessed and reviewed using recognised tools following government guidance. People received their medicines as prescribed and were supported at the end of their lives.

People were supported by enough staff who had been recruited safely. Staff had received training appropriate to their role. Competency checks and supervisions were completed to support staff with their practice and knowledge. The provider had a complaints policy in place, this had been followed when complaints had been received.

Checks and audits had been completed and had been effective in identifying shortfalls. Action had been taken to rectify the shortfalls.

People were supported to have a balanced diet and were supported to eat their meals safely. People were referred to healthcare professionals when their needs changed, and guidance was followed.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 17 September 2019). The provider

completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 5 and 6 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, good governance, safeguarding, person centred care and notifying CQC.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Orchard House on our website at [www.cqc.org.uk](http://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 effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service responsive?

Good ●

The service was responsive.  
Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.  
Details are in our well led findings below.

# Orchard House

## 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

The inspection was completed by one inspector.

#### Service and service type

Orchard House 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 is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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 not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 25 April 2022 and ended on 29 April 2022. We visited the service on 25 April

2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people about their experience of living at the service and two relatives. We observed staff interactions with people in the communal areas. We spoke with six members of staff including the manager, administrator, the nominated individual, senior carer and carers. We spoke with a healthcare professional who was visiting the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care plans and all the medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits

# 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.

### Assessing risk, safety monitoring and management

At our last inspection the provider had not consistently assessed the risks to people's health and safety and doing all that was reasonably practicable to mitigate these risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection, risks to people's health and welfare had not always been assessed and there was limited guidance for staff about how to manage risks. At this inspection improvements had been made and there were now risk assessments in place. When people required equipment to move around the service, there was guidance for staff about how to move the person safely. This included the equipment required to support the person in and out of bed and to use the toilet, and how to use the equipment safely.
- When people were living with health conditions such as diabetes, there was now detailed guidance for staff about how to manage any risks to their health and well-being. This included information about what action to take if the person became unwell and what their blood sugar measurement should be. Some people were at risk of developing sore skin, there was guidance in place for staff to minimise the risk. People had specialist equipment, and this was checked regularly by staff to make sure it is working correctly.
- Previously, environmental checks to manage risks had not always been recorded when they had been completed. At this inspection, environmental checks were recorded to make sure people were kept as safe as possible. Regular checks had been completed on fire safety equipment. Fire drills were completed regularly, which had included staff and people.

### Using medicines safely

At our last inspection the provider had failed to ensure proper and safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection, legal requirements for recording and administering medicines had not been followed. At this inspection, legal requirements were being met. Some medicines have specific administration and recording requirements, these were now being followed. When two staff were required to witness the medicines being given and sign the administration book, this was now being done.
- Records were now completed accurately. Staff had signed the medicines administration records to

confirm medicines had been given. The number of tablets available matched the number recorded on the administration records.

- Previously, liquid medicines and creams had not been dated when open. There had been a risk they would be used when no longer effective. At this inspection, bottles of liquid medicines and creams had the dates when they were opened. All the medicines being used were within the date for them to be effective.
- Staff had worked with the pharmacy team from the local clinical commissioning group to improve the standard of medicines management. The management team had worked with staff to complete action plans which had been successful.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to have established systems and processes to prevent and investigate abuse and allegations of abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At the last inspection, potential safeguarding concerns had not been reported to the local safeguarding team. Accidents and incidents had not been analysed to identify patterns and trends; action had not been taken to reduce the risk of them happening again. At this inspection, improvements had been made. Incidents of verbal and physical aggression between people had been reported to the local safeguarding authority. The manager completed a safeguarding log which showed when incidents had been referred and what action had been taken. The records showed incidents had not been repeated.
- Each person now had an accident log where accidents, incidents, falls, injuries and body maps were recorded. There was a chart to analyse any accident including date and time, the reason, any pattern and action taken. When incidents were analysed, and triggers had been identified action was taken to reduce the risk of them happening again. Records showed the manager had reviewed the documentation and checked the action taken was effective.
- The manager understood their responsibility to report safeguarding concerns. Staff could identify signs of abuse and were confident the manager would take the appropriate action when they reported concerns. Staff understood the whistle blowing policy and knew the how to report concerns to outside agencies such as the local safeguarding authority.

Staffing and recruitment

- Staff were recruited safely. Recruitment checks had been completed before staff started work at the service. These checks included Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People, relatives and staff told us there were enough staff to meet their needs. One person told us staff were available when they needed them. A relative told us, "The staff are always about when I visit, and he wants for nothing." We observed people being supported by staff who had time to spend with them, people were not hurried when they were being supported.
- The provider continues to actively recruit staff. Any gaps in the staffing numbers were covered by staff or regular agency staff who knew people well.

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 in care homes

People were supported to have visitors, relatives told us they were able to visit when they wanted. People had visitors during the inspection, they spent time in their room and in the garden. People told us their grandchildren had visited, which they loved. One relative told us, they were made to feel welcome by staff and were supported to speak to people via video and phone when they could not visit.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection the provider had failed to carry out assessments of the needs and preferences for care and treatment of the person. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At the last inspection, people's health needs had not been assessed using recognised tools in line with national guidance. At this inspection, people's health needs were being assessed using recognised tools, such as, the Braden tool to identify if people's skin integrity was at risk. Depending on the assessment outcome, appropriate action and referrals to health professionals were made.
- People's needs were assessed before they moved into the service. Previously, these assessments had not included all the protected characteristics under the Equalities Act 2010 such as sexual orientation. Pre-admission assessments now included all the protected characteristics and people were asked about their preferences. The pre-admission assessments were used as the basis to develop people's person centred care plan.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role. Staff received essential training such as moving and handling, fire safety and safeguarding. When appropriate staff had received training to support people's specific needs such as insulin administration, medicines and vocational qualifications. Care staff completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- New staff completed an induction, this included working with more experienced staff and completing competency assessments. Staff also received training to understand how to support people living with Huntingdon's disease.
- Staff received regular supervision and appraisals to discuss their practice and development. Staff told us, they felt supported and involved in their development.

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

- Staff understood people's nutritional needs. People living with Huntingdon's disease require a high calorie diet. People's food was fortified with butter and cream to increase the calorie value. People were supported to have snacks and supplements when prescribed.
- People were given a choice of meals. Staff knew people's choices and preferences, they made sure people had the meals they enjoyed. People's diet and fluid intake was recorded and when people were not eating enough staff acted to give people extra high calorie snacks.  
Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Staff monitored people's health and when changes were identified, people were referred to the relevant health professional. When people lost weight, they were referred to the dietician and supplements were given as prescribed.
- People were supported to attend medical appointments such as the GP. People had access to opticians and the dentist when needed. The district nurse attended the service when required to support people.

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

- The service had been adapted to meet people's needs. There was a passenger lift and easy to access bathrooms in the main house. The Lodge bungalow was on one level and all rooms were easy to access.
- People's rooms had been personalised to meet people's preferences; their rooms contained the equipment people needed.
- The communal lounge in the main house had been updated. Other areas of the house were worn and tired. The nominated individual confirmed there was plan in place to continue to be updated the decoration and carpeting.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The manager had applied for DoLS authorisations where appropriate. When authorisations were coming to an end, a new application had been made.
- When people had been assessed as not having capacity to make decisions, a best interest decision had been made. Staff involved family and professionals who know the person well, to be involved in making decisions, to understand people's previous preferences and help inform the decisions made.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection, people's care plans did not consistently reflect the care they were being given. At this inspection, the information contained in people's care plans had improved. People's care plans contained information about their choices and preferences, including how they liked to be supported with their hygiene needs. There was information about how independent people were and how staff could support them to maintain their independence.
- People told us they were supported in the way they preferred. One person told us; staff helped them get ready for their visitors. They were dressed in the way they preferred and had been assisted to shave, so they were pleased with their appearance.
- Care plans had been changed to an electronic system. Staff told us they liked the new system as they were able to update the records easily when care was given and had access to care plans immediately if they needed guidance.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People received information in ways they could understand. One person had a chalk board so staff could write information to remind them of things they needed to know to support their day to day activities
- Information to promote choice and independence was available in pictorial format such as the complaints process.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with their families. People were assisted to use video and phone calls to talk regularly with their family. Relatives told us they were encouraged to visit in the garden as soon as Covid-19 restrictions were lifted.
- People told us they were supported to take part in activities they enjoyed. We observed staff spending time playing video games with one person, who appeared to be enjoying themselves, laughing and smiling.
- Previously, people had been supported to go on holiday and day trips. Staff were starting to plan trips again, including a caravan holiday this summer.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Complaints had been logged and investigated following the policy.
- Relatives told us, they knew how to complain and were comfortable in raising concerns. One relative told us, "I am happy to raise concerns and any I have raised have been dealt with immediately."

#### End of life care and support

- Staff asked people about their end of life wishes. When people had been happy to discuss their wishes, these had been recorded.
- Staff regularly supported people at the end of their lives. They worked with the GP and district nurses to make sure people were as comfortable as possible. When required medicines were prescribed and made available to keep people comfortable.

# 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 Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to assess, monitor the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection, checks and audits had not been effective in identifying the shortfalls found at the inspection. At this inspection, checks and audits were effective in identifying shortfalls and action had been taken to rectify these.
- Audits of the care plans, falls analysis and maintenance were now effective at maintaining the quality of the service. The management team completed night spot checks to monitor the standard of care by night staff. The nominated individual completed regular audits of the service and produced action plans based on the audit findings which had been completed.
- The previous registered manager had left their post in January 2022. The service is now being managed by the registered manager of the provider's other service. The manager had started their registered manager application for Orchard House at the time of the inspection. The nominated individual regularly spent time at the service each week.

At our last inspection the provider had failed to notify CQC of all incidents that affect the health, safety and welfare of people who use services. This was a breach of regulation 18 of Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider is no longer in breach of regulation 18 (Registration).

- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This is so we can check appropriate action had been taken. Previously, CQC had not been notified of incidents as required. At this inspection, notifications had been sent to CQC when appropriate.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- People and relatives knew the manager and nominated individual well. There was an open culture within the service. Relatives told us they knew staff well and people living at the home had been made to feel part of a family. One relative said, "They were invited to the staffs wedding reception, which was lovely for them." We observed people and relatives were comfortable with staff, it was apparent from their conversations they knew each other well.
- We observed relatives chatting to the management team in a relaxed way. The nominated individual and manager knew them well and understood their backgrounds. Relatives told us the management team were helpful and provided information when needed to support decision making.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives told us the management team were approachable and supportive. Relatives confirmed they were informed of any incidents or accidents by the management team.
- Staff told us they were informed if there were any concerns and when things had gone wrong. They had been involved in discussing how to improve systems and ways of working.

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

- People had been asked for their opinions on the quality of the service. The results of the survey had been analysed and the results had been positive. The nominated individual organised a group for relatives of people with Huntingdon's disease to meet and discuss any concerns they may have about the disease and their relatives care.
- Staff attended regular meetings where they discussed their practice and people's needs. During these meetings staff were asked for their opinions and suggestions about the service especially around meeting people's needs. For example, staff shared their suggestions about how to help people get off to sleep and these were put into the care plans.

Continuous learning and improving care; Working in partnership with others

- The service continued to maintain working relationships with specialist Huntingdon's Disease societies, to keep up to date with best practice. The manager was part of local managers groups to keep up to date local developments.
- The service worked with a variety of other healthcare professionals such as dieticians and mental health teams.