

# Mrs P M Hannelly







# The Orchard

## Inspection report

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### Ratings

|                                 |                      |      |                                                                                       |
|---------------------------------|----------------------|------|---------------------------------------------------------------------------------------|
| Overall rating for this service |                      | Good |  |
| Is the service safe?            | Requires improvement |      |  |
| Is the service effective?       | Good                 |      |  |
| Is the service caring?          | Good                 |      |  |
| Is the service responsive?      | Good                 |      |  |
| Is the service well-led?        | Good                 |      |  |

### Overall summary

The Orchard is a family run care home which accommodates up to 11 older people. It does not provide nursing care. At the time of our inspection 9 people were living at The Orchard.

The Orchard had a registered manager in place. '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.

The inspection took place over one day on 08 May 2015 and was unannounced.

We noted a warm caring atmosphere when we visited the home. Staff were clearly dedicated to providing people with a high quality of care and support. The general feeling and observations of the interactions between

# Summary of findings

people living in the home and their relatives was one in which the provider and staff cared for people like one of their own family. The general overall impression was it was very much 'home from home' for people who lived at The Orchard.

People told us they felt safe living at The Orchard and knew who to speak with if they were not happy. Likewise people's relatives were confident people were cared for safely and staff were attentive to their needs. They knew who to speak with if they had any concerns.

Any risks to people using the service were identified and incorporated into their care plans to enable staff to manage any identified risks appropriately and to keep people safe and free from any harm wherever possible. These included risks in relation to moving and handling, falls, and nutrition.

People's care plans were person centred and described what they were able to do themselves and what they required support with. They contained documentation to show people and/or their representatives had been involved in the care planning process.

Staff were well trained and there were enough staff during the day and night to meet the needs and wishes of the people they supported.

People's health and well-being was assessed prior to them moving into The Orchard and measures put in place to ensure people's needs were met in a person centred way.

Staff were supported by the registered manager to maintain and develop their skills and knowledge through training and supervisions. The registered manager accompanied staff on training sessions to ensure they kept their own knowledge and skills updated too.

People's medicines were administered by staff who had received training to ensure they were administered safely and in a timely manner.

We have made a recommendation that the provider considers current guidance on the recruitment of staff and take action to update their recruitment policy and procedure accordingly.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

There were weaknesses in the recruitment of staff which failed to ensure references had been taken up to ensure prospective staff were of good character and fit to work with people living in the home.

There were sufficient staff to meet people's needs appropriately and safely.

Any Individual risks to people's health, social and personal care needs were recorded with guidelines in place to minimise the risks whilst promoting people's comfort and safety.

Requires improvement



### Is the service effective?

The service was effective

Staff were provided with training which gave them the skills and knowledge to meet people's care and support needs appropriately.

People were supported to access health care services when required to ensure they remained healthy and well.

Good



### Is the service caring?

The service was caring

People received care and support which promoted their independence, respected their dignity and maintained their privacy

Staff had a good knowledge of the people they supported and how they liked their care and support to be provided.

Staff had built trusting relationships with both the people living in the home and their relatives.

Good



### Is the service responsive?

The service was responsive.

People and those who mattered to them were consulted with about their care and support needs and were involved in the development and reviews of their care and support plans.

People received care and support which was personalised according to their needs and preferences.

Good



### Is the service well-led?

The service was well led

Good



# Summary of findings

There was an open culture within the home. The provider encouraged people to meet with them and discuss any concerns they had. This enabled them to make improvements to areas which mattered to people living in the home.

Staff felt well supported and were confident that any issues raised would be dealt with.

Systems were in place to assess the quality of the services and implement changes where improvements could be made.

# The Orchard

## 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 08 May 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed the information the Care Quality Commission holds about the service. We noted the provider notified us of any important events that affect

people’s health, safety and welfare as they are required to do under the Health and Social Care Act 2008. The notifications were received in a timely manner and provided information on any actions they had taken to ensure the health, safety and welfare of people who used the service.

We spoke with the registered manager, 6 people who lived in the home, four staff and a visiting relative. We spoke with a commissioning officer from the local authority and four relatives by telephone after our visit. We observed the care records for three people who lived in the home, observed a meal time and observed a medication round. We also looked at three staff personnel records, accident and incident records and some records relating to the management of the service and some policies and procedures.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe at The Orchard and they knew who to speak with if they had any concerns. They told us they had a call bell system which they could use to call staff if they needed them, which they said were answered quickly. Likewise family members we spoke with felt their relatives were safe at the home. One relative told us they felt there were enough staff on duty whenever they visited. They told us “X [named person] is definitely looked after safely, the staff are very attentive and they are always around and visible.”

We checked the recruitment files for three staff who had been recruited since our last inspection. Relevant checks had generally been undertaken to ensure people were suitable to work with people living in The Orchard. These included obtaining a Disclosure and Barring Service (DBS) check, seeking references, a health declaration and a working history before they began working at the home. However, we did note one of the staff files did not contain any references. The provider told us references had been gained but these were not available during our visit. The provider wrote to us after the inspection to inform us they were taking action to gain replacement references which would be added to the personnel file.

We were provided with a copy of the homes recruitment policy. This was undated and contained out of date information in that it referred to Criminal Records Bureau disclosures which are now known as the Disclosure and Barring Service. The policy also informed it was good practice that references ‘are addressed to the person who requested them. And not ‘to whom it may concern’. However, we saw references in staff files addressed to whom it may concern.

People were protected from the risks of abuse because staff knew how to recognise the signs of abuse and knew they were to report any concerns they might have to the registered manager or senior carer. The registered manager and senior carer understood their responsibilities in relation to protecting people from abuse and were aware of external agencies to report any allegations or concerns to. However two staff we spoke with were not aware they could report any allegations to the local authorities safeguarding team in the absence of the registered manager or senior carer. Staff told us they received safeguarding training during their induction and regularly

thereafter. We saw a copy of the training matrix which verified this. We were shown a booklet entitled ‘Recognition and prevention of abuse’ which each staff member had an individual copy. It was designed to complement the training they had received and how to respond to any allegations or suspicions of abuse. We noted the provider’s policy and procedure was out of date and dated 2011. This did not contain important contact details for staff to contact if they needed to. Similarly the home did not have an up to date copy of the local authorities safeguarding policy and procedures for staff to refer to if needed. However, the provider took immediate action and downloaded a copy including an easy to follow flow chart so staff had access to the procedure and contact details in the event of an allegation in the absence of the management.

Staff we spoke with were aware of the home’s whistle blowing procedure and who to talk with if they had any concerns. Staff were confident that if they raised concerns of poor practice to the provider they would be listened to and taken seriously.

Individual risk assessments had been undertaken in relation to people’s identified health, social and personal care needs, which included safe movement around the home, risks of falls, pressure sores and the risk of malnutrition. Guidelines were in place for staff to follow so any identified risks were managed safely and promoted people’s comfort and safety. These were reviewed regularly and where any changes were identified people’s care plans were updated to ensure they remained up to date.

People had been provided with the equipment they needed to meet their needs. These included moving and handling equipment pressure relieving mattresses, walking frames, wheelchairs and grab rails

The provider followed relevant professional guidance in relation to the management of medicines in the home. People’s medicines were stored securely in a lockable medicine trolley. Keys to the medicine trolley were held by the staff member designated to administer people’s medicines. All staff had received medication awareness training during their induction, although people’s medicines were handled by the registered manager and senior care. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely. We saw documentation to show that the pharmacy

## Is the service safe?

had undertaken an audit in April 2015 and found people's medicine administration records excellent with no gaps. This meant people had received their medicines as prescribed by their GP.

We discussed the staffing levels with the provider who informed us the staffing levels were determined by the level of people's dependency. We were informed there were three staff covering during the day which included the provider or the senior carer and one awake staff at night with the provider on call. The provider lived on the premises and was readily accessible if needed. People and

their relatives told us they felt there were enough staff available to meet their needs and had no concerns in this area. We observed there was sufficient staff to meet people's needs throughout our inspection.

Personal emergency escape plans were in place for people who lived in the home. These provided staff with details on how to evacuate people from the service safely in an emergency situation such as a fire.

**We recommend the provider considers current guidance on the recruitment of staff and take action to update their recruitment policy and procedure accordingly.**

# Is the service effective?

## Our findings

People, their relatives or representatives were involved in the planning and review of their care.

During our visit we observed staff treated people with dignity and respect. We saw them knock on people's doors before entering their rooms and tell them why they were there. Any personal care was provided behind closed doors with the curtains closed.

People were supported to have sufficient to eat and drink throughout the day and to maintain a healthy well balanced diet. The care plans we viewed contained nutritional screening assessments and records to show people were weighed regularly to ensure they received adequate nutrition and maintained a healthy weight. During our visit we observed lunch being served in the dining area of the home. We observed the meal time was taken in a relaxed manner in which people were not rushed and enabled to have their meal at their own leisure. The lunchtime meal was a set three course meal which we were informed was based around people's likes and dislikes. We noted one individual ate a small amount of their meal, the staff took time to ask if everything was alright and if they would prefer something else. This showed that whilst there was a set menu people were offered a different choice if they wished. People we spoke with told us they generally had a set meal and were not aware if they could have a different meal if they wished. The registered manager informed us that due to the size of the home it was more practical to offer a set meal but if people clearly did not like what was offered an alternative would be made. People we spoke with told us they enjoyed the meals provided, although one person mentioned they would like the choice of cooked breakfast if they wanted one. We fed this back to the provider who assured us a cooked breakfast was available if people wanted one. They told us they would remind people they could have a cooked breakfast when they asked people the evening before what they would like.

The registered manager and senior carer demonstrated knowledge of the Mental Capacity Act 2005 Code of Practice and associated Deprivation of Liberty Safeguards. They knew when an application to deprive someone of their liberty was to be made to the authorising local authority. The MCA is a law about making decisions and what to do when people cannot make some decisions for themselves. The Deprivation of Liberty Safeguards (DoLS)

are part of the Act. They aim to make sure that people in care homes, are looked after in a way that does not inappropriately restrict or deprive them of their freedom. The registered manager told us that no one who used the service was subject to the Deprivation of Liberty Safeguards as set out in the Mental Capacity Act 2005 at the time of our visit. We saw the staff training matrix which demonstrated staff had received training in the Mental Capacity Act 2005 in 2014.

Staff demonstrated knowledge around working in people's best interests when they had been assessed as having limited capacity. We were informed further training on the Mental Capacity Act 2005 and DoLS was booked for staff to attend in August 2015 to ensure their knowledge and skills were kept up to date.

We saw documentation which showed that in instances where people did not have family or the capacity to manage their financial and property matters the home worked in conjunction with the social services care management team. We saw documentation to show appropriate referrals had been made to a professional Guardianship organisation who applied to the court of protection for a deputy order on the individuals behalf. This was to ensure people's property and finances were managed safely and in their best interests in line with the Mental capacity Act.

Staff told us they were provided with a good level of training to assist them in their roles. They said the provider was very proactive in ensuring their training was up to date. New staff completed an induction which provided them with the skills and knowledge to undertake their roles competently and safely. The induction covered the skills for care common induction standards. Skills for Care common induction standards are the standards people working in adult social care need to meet before they can safely work unsupervised. Staff confirmed they received training during their induction period, after which they shadowed experienced staff until they felt comfortable and had been assessed as competent to work unsupervised.

The provider had a programme of on going training to ensure the team of staff's skills and knowledge were kept up to date. Since our last inspection in August 2013, in addition to updating staffs knowledge and skills in topics the provider deemed as essential to carry out their roles safely, further courses had been provided. These included a level 2 training course in nutrition and health, a safety and



## Is the service effective?

dignity course and end of life care. The provider was also proactive in ensuring their own knowledge and skills were kept up to date and attending training alongside the staff team. We were informed further training had been booked for staff to attend which included health and safety; MCA and DoLS and Infection control. Two staff members had enrolled on a national vocational qualification in health and social care; one at level 2 and the other at level three. Two new staff were undertaking the new care certificate which builds on and replaces the Common Induction Standards. This demonstrated the provider sought training to ensure staff had the knowledge and skills to provide care and support effectively and safely.

Appropriate equipment was in place for people with poor mobility and for those who were frail and at risk of pressure area damage. These included pressure relieving mattresses and cushions to prevent the risk of pressure sores, grab rails to aid people with poor mobility and moving and handling equipment to assist people with transfers safely.

Staff we spoke with told us they felt well supported in their role and met with the registered manager regularly where

they discussed their work performance any personal development needs and where any concerns they had could be raised. They said they had staff meetings where they all met together as a group where they discussed the welfare of people who received care and support and any changes to their needs, any forthcoming training opportunities and where they could raise any areas of concern as a group. We were informed the registered manager and senior carer worked alongside the care staff which enabled them to observe staff practice to ensure it was provided safely, effectively and according to the homes policies and procedures.

Staff worked jointly with other health and social care professionals to meet people's needs in the most appropriate way. For example GP's, district nurses, physiotherapists, chiropodists and audiologists. Records were maintained of any visits and appointments and care plans were updated where there were any changes to people's needs.

# Is the service caring?

## Our findings

People we spoke with and their relatives told us they were happy with the care provided at The Orchard. Comments included “The staff are very nice”, “It’s very family orientated with a friendly atmosphere” and “They are very kind and come quickly when I use my call bell.” A relative told us they could not speak more favourably of the staff. They described them as “Excellent” and added “As far as [named person’s] care is concerned, we are very happy. They are kind, caring and considerate and we are very impressed with them.” In discussion with relatives it was evident staff supported people through the bereavement process and the further process of grieving and mourning the loss of the deceased person.

Feedback from the local authorities commissioning team was complimentary in that they found the home to be very family orientated which suited the needs of the people living there. They told us they felt the level of care was of a high standard.

People were given appropriate information about the home and the facilities that were available to them when they came to live at the Orchard. We saw a copy of the home’s brochure readily available in the reception area for people and visitors to readily access. This included details about the services they could expect to be provided, how to make a complaint and any suggestions about the operational aspects of running the home and the homes philosophy of care.

There was a warm, welcoming atmosphere within the home and we saw staff responded promptly when people showed signs of becoming anxious. For example, one individual wandered around the home and occasionally wandered into people’s bedrooms. We observed how staff managed the situation; they took time to engage in conversation with them, spoke to them kindly and encouraged them to participate in another activity.

We saw staff had built up a good rapport with the people living in the home in an extremely caring way, which extended to their relatives and visitors too. We saw staff interacted with people in a kind, caring manner and heard them speak with people politely and respectfully. Staff showed patience and encouragement when supporting people and had a good understanding of people’s needs and how they wished to be supported. We noted staff took time to find appropriate ways to communicate with people who had communication problems or difficulties. For example we noted a white board in place for one individual which enabled them to communicate through writing their wishes down and getting their voice heard in a way which met their individual needs.

People’s bedrooms were personalised with items of personal furniture and memorabilia and they were encouraged to bring such items with them when they came to live at The Orchard if they wished to.

All personal records were kept securely in locked filing cabinet and were not left in public areas of the home. This ensured people’s right to confidentiality was protected.

# Is the service responsive?

## Our findings

We spoke with a person who was visiting their relative who felt the service met their relative's needs well. They told us (named relative) "Is safe and looked after very well" They said the staff always kept them informed of any changes to their health and responded to their needs appropriately. They gave an example in which the registered manager had sourced some equipment to assist their relative with their mobility needs whilst transferring from their chair. This showed the home had responded to the person's individual needs to ensure their comfort and safety. Other relatives we spoke with told us the staff always kept them informed of any changes in their relatives healthcare needs and contacted relevant health care professionals when needed.

Documentation within people's care files showed their needs had been assessed prior to them moving into the home. This enabled people and/or their representatives to discuss their health, social and personal care needs and ensured both parties were confident their needs could be met appropriately. The information was then used to develop an initial care plan which set out the care and support they needed in a personalised way.

We found people's care plans had taken into account people's individual wishes and preferences in the way they wished their care and support to be provided. They were individualised and person centred. For example they detailed what people could do themselves and what they required support with. We also saw people's preferences in relation to their sleeping requirements had been documented. These included their preferences in relation to how many pillows they liked and the time they liked to retire to bed and get up in the mornings. We saw some signed documentation to show they and/or their representatives had been consulted with. They had signed documentation agreeing to the care and support detailed in their care plan. These were regularly reviewed in consultation with the person, their representatives and their key worker to ensure they were up to date and met their needs accordingly. Where any changing care needs had been identified they had been documented in their care plan and communicated to the staff team.

People's life histories had been sought and documented within their care plans. These provided staff with a picture of the person's life history, their hobbies and interests, family connections and any memorable dates they liked to celebrate. We were informed people were invited to celebrate memorable occasions with staff and others living in the home. These included birthdays and anniversaries.

People we spoke with told us there were activities which they could choose to participate in if they wished. These provided people with the opportunity to follow their interests. One person told us they had enjoyed helping staff to prepare and fill outside planters with flowers to decorate the outside of the home. We noted these were full of bloom during our visit as was the garden which people enjoyed during the summer months. Another person told us they particularly enjoyed the pampering sessions in which staff spent time painting their nails and creaming and massaging their hands. Group activities included reminiscence sessions, which included discussions of particular interest in the newspapers and news such as the recent general election. We were also informed of a recent reminiscence project which people had been able to discuss their personal histories and share their memories. This was in relation to the war years and relatives took part in the project by bringing in pieces of memorabilia for people to discuss.

There were a range of musical activities in which outside entertainers visited the home to provide people with entertainment. These included visits from theatre companies who spent time entertaining people with music and songs and a visit every fortnight from the 'music man'. There was also a monthly visit from an entertainer who played songs and percussion instruments for people to enjoy and take part in dancing if they wished. One person told us they were very good and they looked forward to their visits.

People also told us there was a visiting hairdresser who people could book appointments with. Another person told us their religious needs were met within the home. They told us "The vicar comes in and sits with us; we have hymns and a sermon twice a month." There was a visiting chiropodist who visited the home every six weeks to provide foot care for people who wanted such a service.

# Is the service well-led?

## Our findings

People we spoke with, including relatives and visitors to The Orchard felt the home was well managed. They told us the registered manager was clearly visible within the home and both the registered manager and staff were very approachable. One visitor to the home told us they felt the registered manager was “Very hard working and looks after the residents well.” Relatives we spoke with told us there was an ‘open door’ policy and they could speak to the registered manager at any time, without the need to book an appointment. Comments included “(Registered manager) is always there if I needed to talk to her”, “I find the manager open and approachable, she is always around” and another told us they found the registered manager “Very much on the ball, she does incredibly well and is very much hands on.”

During our inspection we saw that the registered manager and staff were accessible and spent time engaging with people in a positive open way. We observed staff supporting people in a kind, gentle and compassionate manner. Staff showed patience and encouragement when supporting people and this was particularly evident when an individual spent time wandering around the home greeting visitors at the door and wandering into people’s bedrooms.

Staff had a good understanding of people’s needs and knew them well. We heard them speak with people politely and respectfully and calling them by their preferred name. They were knowledgeable about the people who lived in the home and had built a good rapport with their families and visitors.

Staff we spoke with told us they felt well supported by the registered manager and had no hesitation in bringing any concerns to their attention. We observed positive and friendly interactions between the staff and the registered manager throughout our visit. One told us “I feel very well supported by the manager; she is always there for us.” Another told us they all worked together well as a team and felt the registered manager listened to any concerns they raised and acted upon them.

The provider routinely sought people’s views about the service and any areas where improvements could be made. These were gained through the use of surveys, during people’s reviews of care and on a day to day basis through

talking to people and their relatives. We were informed surveys had recently been distributed to people and their families and when they had been returned the results would be analysed and collated to see where any improvements could be made. We were informed the findings and any actions taken in response to them would be shared with people using the service and their families/representatives. Relatives we spoke with verified their views were gained both formally and informally and they had recently received a questionnaire to complete.

Regular safety checks were made throughout the premises so that any necessary repairs were promptly carried out and people remained safe. We saw documentation to show the fire alarm panel had been serviced in January 2014, weekly fire alarm system tests had been logged and we saw a fire fighting equipment certificate of maintenance dated November 2014. These regular checks were undertaken to ensure equipment was well maintained to alert people, staff and visitors to the home if there was an outbreak of a fire in the home.

We saw a certificate to show the home had been checked for the presence of legionella in April 2015. This confirmed there had been no legionella bacteria detected within the home.

We noted the homes stair lift had been checked and serviced in March 2015 to ensure it was well maintained and safe for people to use.

We were informed a new emergency call bell system had been acquired in June 2014. The provider told us the system had the ability to provide print outs which would enable them to undertake audits to ascertain all calls activity, response times and which staff visited should any concerns be raised.

The provider was committed to developing the skills and knowledge of the staff working in the home and adding to their personal development. For example staff were supported and encouraged to expand upon their personal development. This involved supporting staff to undertake nationally recognised vocational qualifications in health and social care through levels 2 and 3. The provider was also proactive in attending training alongside staff to ensure their knowledge and skills were updated too.

## Is the service well-led?

We made contact with the local authorities contracting team after our visit who informed us they had carried out a monitoring visit in November 2014 and found all areas monitored were found to be good with no areas of concern.