

Later Years Care Limited

Orchard House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Orchard House Care Home is a care home providing personal care to up to six people, some of whom may be living with dementia. At the time of this inspection, six people were living at the service.

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

Systems and processes in place to monitor the quality and safety of the service provided had not always been effective in highlighting shortfalls. Quality assurance processes had not been established in some areas.

Government guidance in relation to the management of COVID 19 within care homes had not always been followed fully. We have signposted the provider to appropriate resources.

Records in relation to fire safety checks and fire drills, accident and incident monitoring and risks relating to people specific medical conditions had not always been recorded appropriately. Regular servicing of equipment had taken place.

Safe recruitment processes were in place, but thorough records were not always kept.

Staff had completed medicines training; however, medicine records were not always thoroughly completed. We have made a recommendation around the recording of medicines.

Person-centred care plans were in place but some lacked details. We have made a recommendation in relation to care plan records.

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. Records in relation to best interest decisions were not always in place. We have made a recommendation around records relating to the Mental Capacity Act 2005.

People told us they felt safe living at the service and were very happy with the care provided. There was enough staff to respond to people's needs in a timely manner.

Staff had received training to ensure they had the appropriate skills and knowledge. Staff were observed to be kind, caring and compassionate and people we spoke with confirmed this. People's independence was promoted, and strong relationships had been developed between professionals and staff.

People, relatives and staff spoke positively of the management team and the culture they had created at the service. Staff felt their views were listened to, but some staff felt action was not always taken to address their concerns.

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

Rating at last inspection

This service was registered with us on 22 July 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the location registered with CQC.

We looked at infection prevention and control (IPC) 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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to good governance and recording keeping at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Orchard House Care Home

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 Care Act 2014.

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 team consisted of two inspectors.

Service and service type

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

The service had two managers registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided and one relative. We spoke with five members of staff including a director, one of the registered managers, whom was also the nominated individual, deputy manager and two care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We conducted a tour of the service to look at IPC and the environment and viewed a range of records. This included two people's care records, medicine administration record and monitoring documents. We also looked at four staff files in relation to recruitment, supervision and training. And a variety of records relating to the management of the service, including health and safety checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, further care records, staffing rotas and quality assurance records. We received feedback from five professionals who regularly visit the service and one relative. We contacted a further three staff via telephone.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not assured that the provider was admitting people safely to the service. Government guidance in relation to new admissions and testing had not always been followed.
- We were somewhat assured that the provider was using PPE effectively and safely. Appropriate donning and doffing areas were not in place.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- 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 have signposted the provider to resources to develop their approach.

Assessing risk, safety monitoring and management

- Risks to people were managed safely but had not always been appropriately recorded. For example, where people had specific medical conditions such as epilepsy, appropriate risk assessments were not in place. We were assured staff were knowledgeable regarding action they should take.
- Processes had not always been followed in relation to recording accidents and incidents thoroughly. Records did not always show action taken to mitigate risks or registered manager oversight.
- Fire measures, such as fire drills and testing of the fire alarm had taken place but were not sufficiently recorded.

Failure to ensure complete, accurate and contemporaneous records are kept is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Servicing of equipment had been completed as required.

Staffing and recruitment

- Safe recruitment processes were in place, but records had not always been kept evidencing these processes had been followed. For example, interviews had not been recorded and gaps in employment were not explored.

Failure to ensure complete, accurate and contemporaneous records are kept was a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The provider did not use a dependency tool to calculate safe staffing levels. Staff we spoke with raised concerns over the number of staff on duty and told us they felt 'rushed'.
- However, people and relatives told us there was enough staff on duty to support them and staff responded to their needs in a timely manner.
- Call bells data showed that call bells were answered promptly, and we found no evidence to suggest staffing levels were not appropriate.

Using medicines safely

- Medicines were stored and administered safely. People told us they received their medicines at the required times, as prescribed.
- Staff had received appropriate medicines training and had their competencies assessed.
- Where people were prescribed 'as and when required' medicines, appropriate protocols were not always in place.

We recommend the provider considers current best practice guidance in relation to 'as and when required medicines' and updates their practice accordingly.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse.
- People told us they felt safe living at the service. Comments included, "I feel very safe here. It is a lovely place to be and I am grateful for all the staff do for me."

Learning lessons when things go wrong

- Lessons had been learnt when things went wrong. The provider had conducted a number of 'lessons learnt' exercises and shared the findings with staff for wider learning and improvement.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed prior to them moving to the service. Consideration was given to the level of support they required to ensure their needs could be met.
- Staff continuously assessed people's needs and choices. Good communication between staff, people and their relatives ensured these needs and choices were met.

Staff support: induction, training, skills and experience

- New staff had received an induction and had the opportunity to shadow experienced staff before working alone.
- Staff told us they didn't always feel supported and supervision had not taken place on a regular basis. This was something the registered manager was aware of and actions were in place to address this.
- Staff had been provided with the appropriate training to enable them to carry out their roles.

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

- People were supported to maintain a healthy balanced diet. Regular surveys were completed to ensure people were satisfied with the meals provided.
- People told us they enjoyed the meals on offer. Comments included, "They are nice meals here and the type of food that I enjoy."
- People's weights were regularly monitored, and action taken to address any concerns.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies to ensure people received appropriate care and treatment.
- Feedback from professionals who visited the service was positive. Comments included, "The management go out of their way to make sure people get appropriate support" and "They provide the highest standard of care by a dedicated team."

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

- The service was a purpose-built facility that had been designed to meet the needs of people using the service.
- Dementia friendly signage was in place and rooms could be decorated and furnished according to people's preferences if they wished.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people had been deprived of their liberty, appropriate authorisations were in place. The registered manager monitored any authorisation to ensure renewals were requested in a timely manner.
- When decisions had been made in people's best interest, records did not accurately capture who had been involved in such decisions.
- Signed consent was recorded.

We recommend the provider considers best practice guidance in relation to the MCA and updates their practice accordingly.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with compassion and kindness. They engaged in meaningful conversation with people and addressed people in their preferred way.
- People told us, "Staff are excellent, day and night" and "They are brilliant carers and treat me very well."
- Staff were attentive to people's needs. Observations showed staff were familiar with people's needs and they adapted their approach accordingly.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to live according to their wishes and values and had access to advocacy support if this was needed. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known.
- People and their relatives were given the opportunity to comment on the care they received and how they wished for their care to be delivered. One person told us, "Staff know me very well and how I like to be supported, what I can do for myself and what I need help with. They don't interfere, they always ask me first."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff who were kind and caring in their approach.
- Staff supported people to maintain their independence and communicated with people in a way they could understand. For example, ensuring they were positioned appropriately to aid a person's communication need.
- People were encouraged to maintain relationships, build new friendships and participate in activities with others via the day centre. One person said, "This is the best place I could be. I am very happy here."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People told us they received personalised care and support.
- Care plans contained information about people's likes, dislikes and preferences. Some care plans did not contain the required level of information, such as the level of support a person required with re-positioning.
- Care plans had been reviewed on a regularly basis to ensure they remained up to date and relevant, but these reviews had not always identified shortfalls in the information recorded.

We recommend the provider reviews their care plan review process to ensure care plans are up to date and contain relevant information.

- Staff were responsive to people's needs. One person told us, "If I need anything, staff are always around to help me. They are very responsive, and I have no grumbles at all."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and information provided in care plans. These referred to how people communicated their needs and any support required.
- Reasonable adjustments could be made to meet the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.

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 actively encouraged to remain active and participate in activities and interests they enjoyed.
- The home also provided a day centre provision which people using the service could attend.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. This was made available to people using the service and their relatives upon admission to the service via a welcome pack.
- Information on how to make a complaint was also available in people's bedrooms.
- People told us they knew how to raise a complaint. One person said, "No complaints from me, but any little niggles are addressed straightaway."

End of life care and support

- Holistic end of life care was provided.
- Professionals spoke positively of the support offered to people. Comments included, "Staff at Orchard house provide a very high level of service" and "The home has a warm, friendly and caring atmosphere and the staff are all very professional with the resident being at the heart of the care provided."
- Detailed end of life care plans were not always in place, but we were assured person-centred support was provided.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Effective quality assurance processes to monitor the quality and safety of the service were not fully established.
- Audits that had been completed did not identify the shortfalls we found on the inspection.
- The provider was actively involved in the service. They used weekly meeting with the registered managers to ensure they were updated on issues or concerns. However, they had no formal audit processes in place to effectively monitor the performance of the service.

Failure to establish and operate robust systems to monitor and improve the service is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 were happy living at Orchard House Care Home. There was a warm, welcoming and relaxed atmosphere.
- There was a positive culture within the service and staff told us they were able to express their views and approach management. However, some staff did not always feel their views were listened to and acted upon.
- The registered manager understood requirements in relation to duty of candour and had an open and honest approach.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager engaged with people, relatives and other stakeholders in the running of the service. Their views were listened to and acted upon.
- Staff had strong links with other health and social care professionals. Visits from other professionals had continued to take place during COVID-19 restrictions to ensure people had access to the care and support they needed.
- Staff had used technology and regular telephone calls to engage and involve people who used the service

with relatives during COVID-19 restrictions.

Continuous learning and improving care

- The provider was keen to continuously improve the service and they welcomed feedback. They began to make improvements after the inspection and provided CQC with updates on progress made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure complete, accurate and contemporaneous records are kept. The provider failed to establish and operate robust systems to monitor and improve the service. 17(1)(2)(a)(b)(c)