

Buckland Care Limited

The Orchards Residential Home

Inspection report

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Wroughton
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 16 August 2018 and was unannounced.

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

The Orchards Residential Care Home accommodates up to 44 people in a three-storey building. At the time of the inspection there were 29 people using the service.

At the last inspection on 28 February 2018 and 5 March 2018 we found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated as inadequate and was placed in special measures.

Although the provider was meeting the regulations we have rated the service as Requires Improvement as we need to be sure the service can sustain the improvements.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

There was a registered manager in post. 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. At the time of the inspection the registered manager was not available and has since been deregistered with CQC.

There was a relaxed and cheerful atmosphere throughout the inspection. People were well cared for by kind and compassionate staff. The culture had improved and people were at the centre of staff and management actions. People looked well cared for and enjoyed many positive social interactions with staff during our visit. This included enjoyment of a range of activities which took account of people's personal preferences and interests.

The home was being managed by a support manager who promoted a strong caring approach and had made significant improvements to the quality of the care people received.

People received food and drink to meet their dietary needs. Meals were enjoyed in a calm and sociable environment where people received support in line with their care plans.

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

Improvements had been made in the systems to monitor the service and keep people safe. Medicines were managed safely. Risks to people were assessed and there were plans in place to manage the risks. There were sufficient staff deployed to ensure people's needs were met.

Staff felt well supported and were positive about the improvements made. They were committed to the continuous improvement of the service.

There were systems in place to enable people and their relatives to give feedback about the service and people told us they felt listened to.

Improvements had been made to care records. However further improvements were needed to ensure records were accurate and reflected people's needs.

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 has improved to Requires Improvement.

Medicines were managed safely.

There were sufficient staff to meet people's needs.

Risks to people were assessed and there were plans in place to manage risks safely.

Requires Improvement ●

Is the service effective?

The service had improved to Requires Improvement.

People's dietary needs were met. People enjoyed the food offered.

Staff supported people in line with the principles of the Mental Capacity Act 2005.

People were supported by staff who had the skills and knowledge to meet their needs.

Requires Improvement ●

Is the service caring?

The service has improved to Good.

People were supported by staff who were kind and compassionate.

Staff supported people to be involved in decisions about their care and respected their choices.

People were treated with dignity and respect.

Good ●

Is the service responsive?

The service remained requires improvement.

Further improvements were required in records as there were still some inaccuracies in care records.

Requires Improvement ●

People were treated in a person-centred manner and were respected as unique individuals.

There was a range of activities available that were arranged to meet people's individual needs.

Is the service well-led?

The service had improved to Requires Improvement.

Staff and management were committed to providing a person-centred service.

There was an improved culture that valued people as individuals.

Effective systems to monitor and improve the service had been introduced.

Requires Improvement ●

The Orchards Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on 16 August 2018 and was unannounced.

The inspection was carried out by three inspectors and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at information we held about the service. This included previous inspection reports and statutory notifications. Statutory notifications are events the provider must notify the commission about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted commissioners of the service to seek feedback about the quality of the care. We reviewed the monthly reports the provider submitted as a result of the condition placed on their registration after the last inspection.

During the inspection we observed care practice and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at eight people's care records, three staff files and other records relating to the management of the service.

We spoke with five people who used the service, one visitor, the support manager, four care staff, two

catering staff and two activity staff.

Is the service safe?

Our findings

At our inspection on 28 February 2018 and 5 March 2018 we found that people were not supported by a safe service. We found concerns that resulted in a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated in inadequate in safe and the service was placed in special measures. We carried out a focused inspection on 19 June 2018 to check that improvements to meet legal requirements of Regulation 12 had been made. Although we found some improvements the provider was still not meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the rating remained inadequate.

At this inspection on 16 August 2018, we found that improvements had been made. The service is now rated Requires Improvement in Safe.

We found that medicines were stored safely and were stored in line with manufacturer's guidance. All medicines were in date and all medicines prescribed for people were recorded accurately on medicine administration records (MAR). However, we found that one persons' topical medicine did not have a date of opening recorded. We spoke to the support manager who took immediate action to ensure the person had medicine that was safe to administer and the date of opening was recorded.

Risk assessments were completed and where risks were identified care plans contained guidance in how people should be supported to manage the risk safely. For example, one person was at risk of choking. The care plan detailed how the person should be supported to eat safely and the actions staff should take in the event of the person experiencing a choking episode. We saw the person being supported to eat and drink in line with their care plan.

Where people required regular monitoring and support to manage risks we found monitoring was in place and recorded accurately. For example, one person required repositioning two hourly to reduce the risk of pressure damage. Records showed the person was repositioned in line with their care plan and did not have any pressure damage.

Systems for recording and investigating accidents and incidents had improved. All accidents and incidents had a detailed record of what had happened. There was a record of the investigation carried out which identified any actions and learning from the incident. For example, one person had been found outside of the service who was not safe to be out alone. The support manager had investigated and the decision made to change the door code to ensure only staff were able to open the main door. This reduced the risk of people leaving the service by following visitors out.

At our inspection on 28 February 2018 and 5 March 2018 we found there were concerns relating to the deployment of staff to ensure people's needs were met. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

People told us there were enough staff and that staff responded in a timely manner when they required support. One person said, "Yes, I have used my call bell and they come very quickly and that's day and night".

Staff were visible around the home and monitored those people who chose to remain in their rooms. There was a regular staff presence in all communal areas. There was a daily allocation sheet that identified staff responsibilities in relation to monitoring communal areas. Where people required regular monitoring of their whereabouts a member of staff was allocated and regular checks recorded.

We saw staff had time to spend sitting with people and chatting. The atmosphere was calm and unrushed. People's requests for support were responded to promptly and call bells were answered in a timely manner.

People told us they felt safe living in the service. One person told us, "Yes I do [feel safe]. It's the people and the staff. I think the staff are pretty good". A relative said, "Oh yes [thinks person is safe], the staff know [person] and he's safe".

Staff had completed training to ensure they knew how to identify and report concerns that put people at risk of harm and abuse. Staff we spoke with had a clear understanding of their responsibilities. One member of staff told us, "If I had any concerns I'd tell management straight away. If they didn't act report to safeguarding. All the safeguarding processes are on the wall by reception".

The provider had policies and procedures in place to ensure people were protected from the risks of harm and abuse. Records showed that concerns had been investigated and appropriate referrals had been made to external agencies.

There were effective recruitment processes. The provider carried out recruitment checks which included employment references and DBS. (Disclosure and Barring Service) checks. This ensured the provider made safe recruitment decisions.

There were systems in place to ensure equipment was safe to use. This included servicing of hoists and assisted baths. There was regular monitoring of safety systems to ensure the building was safe. The provider had a maintenance and cleaning programme in place to ensure the environment was clean.

Is the service effective?

Our findings

At our inspection on 28 February 2018 and 5 March 2018 we found that people were not supported by an effective service. We found concerns around people's nutritional needs not being met and action not being taken in relation to people's weight loss. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated inadequate in Effective. At this inspection we found improvements had been made and the service has been rated Requires Improvement.

People were positive about the food they received. Comments included: "Breakfast was nice and the food is good and I get a choice. I like fish and chips and we get that you know"; I find the food all right and my favourite meal is fish and chips and we get that every week. We do get a choice of meals".

Food looked appetising and we observed people enjoying their meals. However, food served to meet the needs of people requiring a pureed diet did not always look appetising. Where people required support to eat and drink they were supported in line with their care plans.

Where people had specific dietary needs, these were detailed in their care plans and they received food and drink to meet their needs. For example, one person had been assessed by the Speech and Language therapist (SALT). The recommendation was for the person to have food at a specific consistency. We saw the person was provided with food of the correct consistency.

People who were identified as at risk of malnutrition received fortified food and drink. People's weight was monitored monthly and where weight loss was identified appropriate action was taken. We saw that people who had previously lost weight had maintained or increased their weight for the previous three months.

The chef had a clear understanding of people's individual dietary needs. There was written information available that identified people's dietary need and those who were at risk of malnutrition requiring a fortified diet. The chef told us they received immediate updates from the support manager when people's nutritional needs changed. The chef said, "I get all the information I need about residents now".

At our inspection on 28 February 2018 and 5 March 2018 we also found staff did not always have the skills and knowledge to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

Staff told us they were supported through regular supervision and completed a range of training. One member of staff told us, "Loads of training such as fire training, training from the SALT team re thickeners, moving and handling. We had loads of training since the last inspection. I had a session on dementia awareness. Helps to understand from the family's point of view".

The support manager had completed a training matrix to identify staff training needs and had arranged further training where it was required. The support manager had also completed a supervision matrix to

ensure staff received regular supervisions and an annual appraisal. Records showed that staff supervisions were used to discuss development needs. Where any areas of improvement were identified in relation to staff performance these were addressed and action taken if improvements were not made.

At our inspection on 28 February 2018 and 5 March 2018 people were not always supported in line with the principles of the Mental Capacity Act 2005 (MCA). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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.

Throughout the inspection we saw people being offered choices and staff supported people to make decisions in relation to their care. For example, one person had difficulty communicating their wishes. A member of staff was serving snacks and drinks. The member of staff showed the person the choice of snacks and pointed to each one, observing the person as they did so. The person pointed and smiled when shown one snack and the member of staff offered the person the snack which they took and enjoyed.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made several referrals for DoLS to the supervisory body. Where authorisations had been received there was information relating to the restrictions in people's care records.

Staff had completed training in MCA and DoLS and understood their responsibilities to support people in line with the Act. One member of staff told us, "We always offer choice such as 'Do you want to get washed/dressed' If they are very resistant try to find alternative ways such as just washing hands or face if they agree. If someone wants to stay in their pyjamas that's OK".

People were referred to health professionals where required. This included referral to SALT, dietician, chiropodist and G.P. The service worked closely with the community health services who visited the service weekly. However, information relating to outcomes of health professional visits was not always accessible in people's care records which meant staff did not always have access to up to date information.

Is the service caring?

Our findings

At our inspection on 28 February 2018 and 5 March 2018 we found that people were not supported by kind and compassionate staff. People were not always treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated Requires Improvement in Caring. At this inspection we found improvements had been made and Caring is now rated as Good.

The culture of the service had been improved by the support manager promoting a caring, respectful approach to people. For example, the support manager stopped to speak with a person. The person held out their hands and the support manager immediately held the person's hand and gave them a hug of reassurance. The person smiled and was clearly reassured by the interaction.

People told us staff were caring and treated them with dignity and respect. Comments included: "The staff are pretty good and I have no complaints about them and they know my name and they always come and joke and talk to me along with the chef"; "They're [staff] very kind"; "Yes, I do like the staff [two staff names given] and the other girls. They do talk and sing with me" and "They always close the curtains and door whenever they are doing anything for me".

Relatives also told us staff were kind. One relative told us, "Oh yes [staff names] are fantastic with him, always getting [person] involved in activities and the rest of the staff are very good".

Staff spoke about people in a caring manner. One member of staff said, "A lot of us go out of our way for them. I bought [person] a bottle of wine because I know [person] enjoys this. We do things like doing their nails and ensuring they have nice clothes on. We [staff] all show it differently".

We saw all staff speaking warmly with people. Staff greeted people by name as they passed them in the corridor, making eye contact and offering reassurance where needed.

On the day of the inspection one person was celebrating their birthday. Staff wished the person "Happy Birthday" and took time to speak with them about the day and their age. The person clearly enjoyed these interactions. At lunchtime the chef brought in a birthday cake and everyone sang to the person. There was laughter and banter as people enjoyed a glass of wine to celebrate.

Lunch time was a social occasion with staff interacting and talking with people as they enjoyed their meal. Staff chatted with people as they supported those who required assistance to eat and drink.

Staff promoted people to be as independent as possible. For example, one person was able to eat independently. However, they were initially reluctant to eat their meal. A member of staff gently supported the person and then encouraged them to eat independently. The person then ate the rest of their meal independently.

Staff treated people with dignity and respect. Staff spoke with and about people in a respectful manner,

addressing people by their chosen name. Where people required support with personal care, they were supported discreetly by staff. Staff knocked on doors and waited before entering people's rooms.

People were offered choices about their care and choices were respected. For example, people were invited to attend activities and were not pressured to attend if they did not choose to. People were supported to eat their meals where they preferred. For example, one person wanted to remain in their room for their lunch and their meal was served to them as requested.

Staff explained what was going to happen before supporting people. Staff took time to ensure people understood and were involved in all decisions about their care.

Is the service responsive?

Our findings

At our inspection on 28 February 2018 and 5 March 2018 we found people's care records were not always up to date, accurate and completed accurately. Records were not stored in a manner to ensure people's personal information was kept confidential. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated Requires Improvement in Responsive. At this inspection we found some improvements had been made, however further improvement in records was needed. Responsive remains Requires Improvement.

People's records had been updated and included detailed guidance for staff in how to meet people's individual needs. However, we found that some records still contained conflicting information. For example, one person's nutrition risk assessment stated the person required a fortified diet. This information was not in the person's nutrition care plan. The person was receiving a fortified diet.

One person had moved to a different room. This was not fully updated throughout the person's file. Staff we spoke with knew which room the person was occupying.

At our inspection on 28 February 2018 and 5 March 2018 we found people were not supported in a person-centred way that valued them as individuals. People and their relatives were not involved in the development of care plans. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

There were improvements in the person-centred approach to people. Records contained detailed information about people's histories, likes and dislikes and what was important to them. The service was completing a 'This is me' document with each person and their families which helped staff know people well. We saw staff used this information to engage with people recognising them as unique individuals. For example, one member of staff was speaking with a person about their family and when they would be visiting. This included a discussion about relatives who lived abroad and were planning to visit. This was a meaningful interaction and the person responded positively, enjoying the opportunity to speak about their family.

Another person who was living with dementia had reverted to their native tongue. A member of staff who spoke this language had taught staff some basic words to help them speak with the person.

Another person's care record stated the person enjoyed the company of children. Staff told us the person was soothed by their television being tuned to children's TV channels. The person's TV was tuned to an appropriate channel which the person appeared to be enjoying.

People enjoyed a range of activities arranged to meet their individual needs. There were two members of the activity team who arranged an activity programme. The programme showed three activity sessions per day and included group and one to one activities.

People were positive about the activities offered. Comments included; "I go out into the garden. Me and

[Activity staff] made raised flower beds by the front door and during the hot weather we went out watering and looking after them. Yesterday we went out to the pub, four residents and two carers and I really enjoyed it" and "Yes, I do the activities with [activity staff] and I like quizzes and throwing rings on to pegs. [Activity staff] work really hard".

The activity coordinator told us they aimed to have a meaningful interaction with each person every day. They said, "This is resident led". Examples given included: A visit to a local shop; manicures; reading with people and sitting quietly holding people's hands.

The group activities were arranged specifically for the people living in the service. For example, the activity coordinator made quizzes that were designed around people's known interests or background. This included quizzes about Greece (for a person who had lived in Greece) and one for a person who had been a butcher. The activity coordinator told us this helped people get to know each other and build relationships.

There were a variety of outside entertainers who visited the service. On the afternoon of the inspection we saw many people enjoying musical entertainment. People were dancing, singing and clapping their hands. There was laughter and banter with staff joining in which created a cheerful, relaxed atmosphere.

People were supported to enjoy trips out. This included visiting garden centres, shops and the cinema. This promoted community engagement.

The weekend before the inspection people had enjoyed a high tea for residents and relatives. There were photographs showing people enjoying the event. People, relatives and staff were still talking about the enjoyment the day had created.

People and relatives knew how to make a complaint and were confident to do so. One person told us, "I have no complaints but if I did I would speak to one of the staff". One relative told us they had made a complaint and action had been taken to address the issue.

The provider had a complaints policy and procedure which was displayed in the service. Records showed that complaints had been responded to and managed in line with the policy.

The service supported people at the end of their life. Care records detailed people's end of life wishes where people and their families had wished to discuss these wishes. Care records included Treatment Escalation Plans (TEP) completed with the person, their representative and health professionals.

Staff had completed training in end of life care and understood the importance of supporting people and their relatives. One member of staff said, "It's important to talk with families and explain they can ask any questions. We are encouraged to sit and hold hands with people at this stage so they know we are with them. We had a person and she was never alone and that was her wish".

Is the service well-led?

Our findings

At our inspection on 28 February 2018 and 5 March 2018 we found the service was not well-led and the service was rated Inadequate. The registered manager did not have an overview of the service. Systems to monitor and improve the service were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service is now rated Requires Improvement in Well-led.

There was a registered manager in post. 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. On the day of the inspection the registered manager was not in the service. Following the inspection, the registered manager has been deregistered with CQC.

The service was being managed by a support manager who had made significant improvements in the quality of the service. The support manager was supported by an area manager and the nominated individual.

The culture of the service had improved and was promoting a person-centred approach that put people first. The support manager recognised the service was progressing and was passionate when speaking about improving the lives of people living in the service.

People were positive about the support manager. One person told us, "[Support manager] is alright. I've spoken to her and yes I think she's doing a really good job". Relatives were also positive about the support manager. One relative told us, "[Support manager] is very nice. I can always go to her and talk to her anytime. Her door is always open".

Staff told us they felt supported by the support manager and were positive about the changes made. Staff were committed to improving the service and the lives of people living there. One member of staff told us, "[Support manager] is a really good manager. [Support manager] is visible. She comes out on to the floor and knows what's going on. Everybody's working to get the home back where it was. We are all working together as a team". Another member of staff told us, "[Support manager] is approachable and will listen. Knows people well. She walks round the home first thing in the morning and at night before she leaves. Always on the end of the phone if needed".

The support manager had introduced a range of audits to monitor and improve the quality of the service. This ensured the support manager had an overview of the service and was managing and mitigating risks. Audits included weekly medicines audits, infection control audits and monthly care plan audits. Where issues were identified there were action plans in place to address the issues. For example, the care plan audits had identified some discrepancies in the accuracy of people's information. We saw that these issues had been addressed. The medicines audit had resulted in clearer stock rotation being completed that

prevented out of date medicines being stored and less stock being held on the premises.

The provider was developing audit processes to enable quality audits to be completed across all of the providers locations which would enable the provider to have a clear overview of all registered services to ensure regulatory requirements were being met.

Systems for engaging with people and relatives had improved. There were regular meetings which encouraged people and relatives to share their views and discuss any issues. One relative told us, "I have been to one of the resident's meetings and they did listen to what we had to say". Records showed that the provider had met with people and relatives following the publication of CQC's previous inspection report to discuss the actions they were taking and their commitment to improving the service.

The support manager attended local provider forums and had updates from national organisations to ensure they kept their knowledge about current good practice up to date.