Anchor Trust

Orchard Gardens

Inspection report

Bishopstoke Park
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 16 February 2017 and was unannounced. The home provides accommodation for up to 48 older people. There were 17 people living at the home when we visited, some of whom were living with dementia. The home was organised over two floors, with one floor dedicated to people living with dementia.

A registered manager was not in post at the time of our inspection. 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 service had appointed a new manager whose intention it was to register with CQC. In the interim, the deputy manager had been overseeing the running of the service.

Staff spoke highly of the deputy manager and told us they had made changes around the home, which had a positive effect on the safety, efficiency and effectiveness of the service. The provider also had provided additional resources to support the deputy manager in the absence of a registered manager.

There were systems and processes in place to monitor the safety of the home and the quality of care. The deputy manager carried out regular auditing and checking to maintain the cleanliness and safety of the home environment. Incidents were used to enhance learning, understanding, leading to changes to prevent them re-occurring

There were systems in place to manage the safe ordering, storage, administration and disposal of people's medicines. The service had made changes to its medicines management system to respond to errors and improve effectiveness. The service had established good working relationships with doctors and other healthcare services and people were encouraged to follow a diet, which was in line with their nutritional needs.

The service had made developments to make people's care plans more person centred, including details about their routines, preferences and life histories. Staff were knowledgeable about the people they supported and were committed in their roles. Staff understood how to protect people's rights and the importance of treating them with dignity and respect.

Staff sought consent from people before providing care and support. People's ability to make decisions was assessed in line with legal requirements, ensuring their rights were protected and their liberty was not unlawfully restricted. Decisions were taken in the best interests of people.

Staff received appropriate training and supervision to carry out their roles effectively. Staff had received training in safeguarding and understood how to raise concerns if required. Risks to people's wellbeing were clearly identified and managed to reduce the likelihood of harm.

The provider sought feedback from people using residents meetings and questionnaires, making changes to act on people's suggestions. There was a complaints policy in place and people understood how to raise concerns.

There was a range of activities available to people which they were encouraged to participate in. The provider had made some adaptations to make it a suitable environment for people living with dementia.

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.

There were appropriate systems in place to manage people's medicines.

There were sufficient skilled and qualified staff to meet people's needs.

People were protected from individual risks by staff that were knowledgeable about safeguarding procedures.

Is the service effective?

Good

The service was effective.

People had access to healthcare services.

People maintained a diet in accordance to their preference and dietary requirements.

Staff followed legislation designed to protect people's rights.

Staff were supported with training and supervision to promote best practice in the care provided.

Is the service caring?

Good

The service was caring.

People were involved in their care planning which helped to promote their independence.

Staff treated people with dignity and respect.

People were encouraged to maintain relationships important to them.

Is the service responsive?

Good

The service was responsive.

People's care plans were centred on their needs and staff kept them updated to reflect changes in people's health and wellbeing.

There was a complaints policy in place and the service had responded to complaints received appropriately.

The provider sought feedback from people and their relatives about the running of the service.

Is the service well-led?

Good

The service was well led.

A new manager had been appointed and was due to start soon. The deputy manager had managed the service in the interim.

The provider assigned additional resources to support the service in the absence of a registered manager.

Quality assurance systems were in place to monitor the quality and safety of the service.

Incidents were analysed to put lessoned learnt in place, reducing the likelihood of reoccurrence.

Orchard Gardens

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 the 16 February 2017 and was unannounced. Two inspectors and an expert by experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the home including previous notifications. A notification is information about important events, which the service is required to send us by law.

We spoke with seven people living at the home and two relatives. We also spoke with the provider's district manager, the deputy manager, and a manager from one of the providers other homes, a care and dementia advisor and five care staff. We looked at care plans and associated records for four people and records relating to the management of the service. These included staff duty records, staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed staff supporting people in communal areas, 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.

Good

Is the service safe?

Our findings

People felt safe living at Orchard Gardens. One person told us, "I'm happy living up here [the care home]". Another person said, "It's safe and nothing has ever gone missing". A third person remarked, "The home and its equipment are kept very clean and tidy".

People were protected from individual risks in a supportive way. All care plans included risk assessments, which were relevant to the person and specified the actions required to reduce risks. These included the risk of people falling, nutrition, moving and handling and developing pressure injuries. One person had suffered falls and would often walk around the home at night. Staff assessed that this was a risk as they did not always mobilise using their mobility aid. An alarm was fitted to alert night staff that the person had got out of bed. This then enabled them to attend to the person quickly to ensure they had their mobility aid with them. This had resulted in a reduction in falls the person had. Another person followed a diet independently but did not always follow dietary choices appropriate to their medical condition. The risk assessment set out ways in which staff could encourage more appropriate foods and it highlighted early warning signs associated with the person's medical condition. This supported the person's right to make their own choices, but enabled staff to observe and intervene if the person's health was at risk.

People had personal emergency evacuation plan, which provided an assessment of the safest way to support that person to leave the building in the event of a fire. This meant that in the event of a real fire staff would be calm and would know what to do to keep people safe.

People were protected against the risks of potential abuse. All staff had received training in safeguarding which helped them identify signs of abuse and actions they were required to take in order to keep people safe. One member of staff told us, "If I had a safeguarding concern I would speak to a member of management. If I felt they wouldn't take it further I would speak to safeguarding myself and report it." Another member of staff said, "Safeguarding, I would report to my manager or whoever was in charge. There's always someone available to go to." The provider had a whistleblowing policy in place which staff were confident in using. A whistleblowing policy outlines external organisations, which staff could contact if they had concerns about something that had happened in the workplace. One member of staff remarked, "[There is a] Whistle blowing policy in place I'm able to voice concerns."

People were supported by sufficient staff with the right skills and knowledge to meet their needs. One person told us, "The staff never seem rushed when they support us". The service used a nationally recognised dependency tool in order to ensure appropriate numbers of staff were available to support people. There were currently vacancies for permanent staff members In the meantime, an agency provided staff to supplement the permanent staff team. The deputy manager told us they were in the process of recruiting more permanent staff. In the meantime, the service ensured they had received details of all training and pre-employment checks for agency staff to ensure they were suitable to work in the home. The service also provided written feedback to the agency about each agency staff member's performance. This feedback was obtained from direct observation of their working practice and feedback from people living at the home. The deputy manager told us this system helped them identify strong agency workers to regularly

request. One member of staff said, "Staffing can struggle at weekends. We have mostly agency at weekends but the agency is good when they do come. We had agency today as staff were on training."

The service followed robust recruitment procedures, which ensured that staff had the appropriate experience and character. Staff files included application forms, records of interview and references from previous employment. Staff were subject to a check made with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

Suitable arrangements were in place for obtaining, storing, administering and disposing of medicines. A stock management system was in place, which helped to ensure medicines were stored according to the manufacturer's instructions. The provider's process for the ordering of repeat prescriptions and disposal of unwanted medicines helped ensure that people had an appropriate supply of their medicines. Staff told us they had adapted and improved their system to respond to errors in medicines administration that had occurred. Changes included, clearly identifying medicines that were required at specific times and implementing a system where medicines were accounted for at time of each administration. These measures had resulted in a significant reduction in recording and administration errors.

Some medicines needed to be stored at specific temperatures to maintain their effectiveness. A refrigerator was available for the storage of medicines, which required storage at a cold temperature in accordance with the manufacturer's instructions. The provider monitored and recorded temperatures for medicine storage areas to ensure that medicines were stored at the appropriate temperatures. Staff were knowledgeable about safe storage and disposal of medicines and their practice was in line with best practice guidelines from The National Institute for Health and Clinical Excellence (NICE).

People were supported with 'as required' (PRN) medicines for conditions such as pain or anxiety. Staff used guidance in people's care plans to help identify when people may need these medicines. Staff observed and prompted people to determine whether they required their PRN medicines. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled in meeting their needs. Comments included; "Staff seem pretty well trained", and, "They [staff] are of a good standard". A relative told us, "Staff appear to know what they were doing and are meeting people's needs". During the inspection, staff confidently supported people in a range of tasks and demonstrated effective practice throughout. They talked to people at eye level and were patient in their approach if people had difficulty communicating. Staff understood the support people needed and were confident in the use of moving and handling equipment if it was required.

Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff praised the range and quality of the training and told us they were supported to complete any additional training they requested. Training compromised a combination of computer based and classroom training, with assessments of staff's knowledge at the end of each course. One member of staff said, "Training is good I feel supported I have just completed my medicines advanced training. Looking to complete my social care qualification level 2 soon". Another member of staff told us, "I find the training really efficient; I enjoy the e-learning training. I have also been to other homes to complete training as well." A third member of staff commented, "We get an induction booklet that gets signed off as well as you complete the training."

New staff received an induction into the home, which enabled them to understand their working role and responsibilities. The induction included reading some of the homes emergency evacuation plans, being shown around the home, being introduced to people and working alongside experienced staff members to get to know their role better. One member of staff said, "I shadowed when I first started and had a tour round the village and home". Another member of staff reflected, "Think people are looked after well, nice team to work with. I was shown what to do and introduced to each resident. Residents appear happy in themselves."

Staff were supported through supervision to build their skills and knowledge. Staff all confirmed they received regular supervision from senior staff. Supervision's are face-to-face meetings between senior staff and staff where working performance and areas for development are discussed. One member of staff told us, "We get a lot more support now then we used to".

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. When people lacked the mental capacity to take particular decisions, such as the delivery of personal care or the administration of medicines, the provider documented why decisions were made in the person's best interests and who was involved in making specific decisions.

Staff sought verbal consent from people before providing care and support by checking they were ready and willing to receive it. One member of staff told us, "I ensure I ask people before I do anything and give people choice." Another member of staff said, "You have to ask consent every time you do anything, whether it's medicines, helping somebody to get changed or with a shower or bath". A third member of staff commented, "We [staff] wear personal protective equipment when providing care, and always get consent and permission."

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and if any conditions on authorisations to deprive a person of their liberty were being met. We found staff at Orchard Gardens were following the necessary requirements. The home had applied for DoLS authorisations where necessary and showed us records of when authorisations would need to be reapplied for. Staff understood their responsibilities and knew how to keep people safe in the least restrictive way.

Staff were aware of people's dietary needs and preferences. One person told us, "I like the food here, it's lovely". Where people were required assistance to eat or followed a specific diet, this information was identified in their care plan. Where people were reluctant to eat, staff sat with them to give them encouragement. People were given a choice about their meals and offered alternatives if they did not like what was on the menu. Some people struggled to make choices of their meals. Staff showed them example plates of meals in order to help them make a decision. This visual representation was beneficial to people, who were then able to make an informed choice about their meal.

People were encouraged with regular food and fluid throughout the day. Staff regularly visited people in their rooms or communal areas to ensure they had drinks available. The home also had a table of fruit, snacks and drinks available to people to help themselves during the day. Staff told us this was to encourage people to eat and drink.

Staff monitored any changes in people's health or well-being and promptly made referrals to their GP or other healthcare professionals. The service had arranged for people to register with the same GP. They had formed an agreement with the GP surgery that the doctor would come to visit the home weekly. This was to attend to people's conditions and liaise with staff to ensure people were getting the medicines and healthcare treatments they required. Staff told us this arrangement benefitted people because, "Before we used to struggle to get a GP to come out. Now they come out weekly, people's healthcare is managed a lot more pro-actively and we can attend to issues before they become problems". Staff kept detailed records of observations about people's health, which helped them proactively identify issues or changes and support treatment plans by healthcare professionals.

The service had made some adaptations to the home environment to make it suitable for people living with dementia. The atmosphere within the home was calm and quiet. Call bells were a discreet tone, which were not intrusive or disruptive to people living in the home. The home had thick sound absorbing carpets and doors that did not slam shut. This helped to reduce the noise impact of footsteps, trollies or doors closing. Calm, quiet environments are beneficial to people living with dementia because dementia can worsen the effects of sensory changes by altering how the person perceives external stimuli, such as noise and light.

Good

Is the service caring?

Our findings

People were cared for with kindness and compassion. People and their relatives held staff in high esteem. One person told us told us, "It is like being looked after by family". Another person said, "They [staff] create a calm atmosphere here". A third person commented, "I think a lot of them [staff]".

Staff had in depth knowledge about people and cared for them with enthusiasm. One staff member told us, "I love working here, I really do". Another staff member said, "I really love working here, love every day." A third staff member said, "The residents [people] here are brilliant". Staff were able to talk in depth about people's life histories, likes and dislikes. They talked to people with kindness, sometimes using humour to encourage them with tasks. Staff were encouraged to spend time talking to people throughout the day. One member of staff said, "In the afternoons especially, we like to spend some time with people to keep them company, I think they like it".

People and where appropriate, their families were involved in discussions about developing their care plans. All the people we spoke told us they were cared for in a way in which they chose. People were asked about their life history, interests and care needs prior to them arriving at Orchard Gardens and told us that they had agreed with their care plans once they had been formulated.

People maintained relationships important to them. People's relatives told us that the staff were welcoming and accommodating to their needs as family members. One relative told us, "It's a friendly place here and I always feel welcome". People were free to use communal areas to entertain visitors, but the service also had a separate 'relative's room' that people could use if they wanted some privacy during their visit. One person maintained a calendar of important family dates. This helped remind them to maintain regular correspondence with their loved ones.

People were encouraged to be as independent as possible whilst remaining safe. One member of staff told us, "We encourage them [people] to do as much as they can independently with support". Another member of staff said, "We have a coffee machine and some people can assess this independently and help themselves to drinks." One person managed their medicines independently. Staff had encouraged them to store their medicines in a locked box to help ensure that other people did not accidently take them. Another person wanted to remain independent when showering. Staff encouraged the person to take mobility aid with them into the shower in case they became unsteady on their feet and remained in their bedroom outside in case the person had a fall. A member of staff detailed, "A service user likes to be independent while they have their shower. So I tidy up the bedroom while they shower in case they need me."

Staff understood the importance of respecting people's privacy and dignity. One member told us that whilst they were supporting people with their personal care they, "Make sure doors are closed." Another member of staff commented, "I close the door, close the curtains. Always ask if they want a male or female carer."

Staff understood how to uphold people's confidentiality. People's care records were stored securely away from communal areas, so were not in view of visitors or other people. Staff handed over information to each

other away from communal areas. This helped to ensure that personal or sensitive information about people was kept private.

Good

Is the service responsive?

Our findings

People were involved in developing their care, support and treatment plans. One person told us, "They [staff] ask about the things I like to do".

People's needs were reviewed regularly and as required. Care plans included information that enabled the staff to monitor the well-being of the person. The provider had a system in place where care plans were reviewed monthly with any changes to people's health or wellbeing clearly identified so all staff were aware. Where a person's health had changed, it was evident staff worked with other professionals in order to ensure people's care plans reflected their most current needs. For example, one person's care plan was reviewed to include information for staff to recognise if the person was suffering from pneumonia after they had a stay in hospital with this condition. Staff were also instructed to monitor and record the person's cough, so they could closely liaise with the doctor as staff were concerned the person may contract pneumonia again. Staff also used daily handovers as a way of keeping each other updated about people's health and wellbeing. One member of staff said, "Care plans contain all the information that is needed. In daily handovers we get to know everything."

People's care plans were person centred to include information about their preferences and routines. One person's care plan detailed that they liked to have their meal in an armchair, in front of the television with a retractable table to eat. We observed staff following this guidance during our inspection. Staff understood this was the person's routine and that it made them comfortable and relaxed when they kept to it. Another person's care plan detailed how they liked to dress smartly and have their hair styled and maintained. The person required assistance from staff to dress and with personal care. On the day of inspection, the person was dressed in accordance to their preference and records showed they regularly attended the on-site hairdressers.

People's individual communication needs were identified and guidance place to ensure their needs were met. Some people living at Orchard Gardens had communication difficulties. In these cases, their care plans clearly explained their level of understanding, and simple phrases and strategies staff could employ to facilitate communication. In one person's care plan, staff were instructed to 'deliver information clearly and allow time to process'. Another person could become quite confused and anxious. Their care plan instructed staff that they responded well to staff keeping them company and offering reassurance through holding their hand. During the inspection, we saw that staff effectively used these strategies when the person became anxious and disorientated.

People had a range of activities available to them. One person told us, "There is plenty to keep you busy". There was a programme of internal and external activities. Some activities stimulated people's senses through crafts, music and using items from people's past to reminisce. Other activities tried to encourage people with physical exercise, such as a session where people could perform a set of exercises whilst in sitting in their chairs. The service had also organised regular trips out for people including; visiting museums, a pantomime, a church singing group and visiting a factory, which produced gin. One member of staff told us, "The activities are a work in progress, but it has got a lot better".

The provider sought feedback from people with a quality assurance questionnaire. The questionnaire asked people and their relatives to rate the home in relation to specific 'themes'. These included staffing and quality of life. Senior representatives from the provider collated responses to this questionnaire and gave the home an overall score, which was shared with people and staff. The district manager told us that each of the provider's homes carried out the same questionnaire and were ranked in relation to each other. This helped the provider identify where good practice was taking place, enabling managers to learn from their fellow colleagues. The feedback from Orchard Gardens was very positive, feeding back that they were treated with dignity and the environment was a pleasant place to live.

The service also held monthly residents meetings. These meetings gave people the opportunity to discuss issues or raise suggestions to improve the home. In recent meetings, people discussed menu options and staffing. Minutes from these meetings showed that senior representatives from the provider attended and were able to answer people's questions and look further into issues if required.

People's concerns and complaints were encouraged, investigated and responded to in good time. People we spoke to all confirmed that they understood how to make a complaint. Records of formal complaints made to the service had shown that the deputy manager and area manager had investigated and responded to all concerns raised to them and had provided a written response to the person who made the complaint.

Good

Is the service well-led?

Our findings

People and their relatives felt the service was well managed and efficiently run. One person said, "I think they run it well". Another person told us, "The organisation is efficient". A relative commented, "I am confident that it (the home) is run well".

At the time of our inspection, the registered manager had left the service. The provider's district manager told us they had appointed a new manager who was due to start shortly and they intended to register with CQC as a registered manager. In the interim, the deputy manager had been overseeing the service. Staff spoke highly of the deputy manager and felt they were supportive. One staff member told us, "Since the old management left I have seen a big improvement. We have a new rolling rota in place now, which is good. Staff morale has picked up and in general everyone seems a bit happier." Another member of staff said, "Really good since manager left, [Deputy manager and regional manager] have been amazing. (They have) come in and sorted things out. Feels like we've got management now". A third member of staff reflected, "[The deputy manager] is amazing; we now have a bit of authority."

The provider had supported the service with additional resources in the interim period without a registered manager. A registered manager from another home regularly visited Orchard Gardens to provide support and guidance for the staff, and the provider's regional manager was regularly based at the home to provide support with the running of the service. The provider also had a care and dementia advisor, whose remit was to coach staff in person centred care planning. One member of staff commented, "They [provider] are really supportive, a nice team like a family."

Staff understood their responsibilities and were motivated within their role. Team meetings gave staff a chance to discuss issues, reflect on learning from incidents and share updates from the provider. Recent meetings refreshed staff's safeguarding knowledge and revisited best practice in reporting and recording in relation to monitoring people's health. Staff told us they found team meetings a useful way to share learning. One member of staff said, "We can have our say a little more now. The team meetings have got a lot better over the past few months. The atmosphere has improved so much".

The provider analysed incidents and accidents to reduce risk of reoccurrence. For example, One person had some health complications after discharge from hospital. Staff discussed the issues in a team meeting and it was concluded that the home did not receive sufficient information about the person's needs after discharge from hospital. This led to changing the procedure around hospital discharge to ensure that they received a discharge summary, detailing a person's most up to date medicines and treatments.

Quality assurances systems were in place to monitor the quality of service and the running of the home. The deputy manager carried out regular audits and checks to the home environment to ensure it was safe. These included checks on infection control, health and safety, water temperatures, gas and electricity. Because of these audits, improvements and changes were made. For example, a recent infection control audit had resulted in staff further promoting people's hand hygiene before eating as it was identified this was an area for improvement.

The provider and manager understood their responsibilities and the need to notify the Care Quality Commission) CQC) of significant events regarding people using the service, in line with the requirements of the provider's registration. The provider had a duty of candour policy in place. The Duty of Candour is a legal duty for services to inform and apologise to people or their legally appointed authority, if there have been mistakes in their care that have led to significant harm. There were examples where the provider had taken appropriate action to write to people or where appropriate relatives to inform them where errors or accidents had occurred.