Somerset Redstone Trust

The Orchards

Inspection report

Orchard Lane
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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

The inspection took place on 12 and 13 March. It was unannounced.

At our last inspection, we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The Orchards is care home with nursing for older people. 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 we looked at both during this inspection.

The Orchards provides accommodation and nursing care for up to 44 older people in a purpose built building across two floors. It has special facilities for people who require end of life care or have problems associated with dementia. At the time of our inspection there were 32 people living at the service.

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.

People living at the home at the time of the inspection told us they felt safe. One person said, "I always feel safe staff look after me." The provider had policies and procedures in place for safeguarding vulnerable adults. Staff understood how to recognise and report signs of abuse or mistreatment.

The provider had a health and safety committee that met three monthly to discuss any issues relating to the home. Each person had risk assessments in place. Staff assessed risks identified and took appropriate action to mitigate them. The provider had robust recruitment policies and procedures in place. There was enough staff to meet the needs of the people living at the home.

The provider had systems in place to manage medicines safely. There were suitable arrangements for storing and recording medicines that required extra security. Staff recorded room and fridge temperatures.

The provider protected people living at the home from infection. The home was visibly clean; communal areas and bedrooms smelt fresh and were in good condition. One person commented, "It's always nice and clean."

Staff knew how to report incidents and accidents. Records showed that staff had taken appropriate action where necessary and made changes to reduce the risk of a re-occurrence of an incident.

Staff had the skills, knowledge, and experience to deliver effective care and support. Mandatory training included safeguarding (adult and child protection), and Mental Capacity Act 2005.

The provider supported people to eat and drink enough to maintain a balanced diet. People who lived at the home told us they were very happy with the food provided. One person said; "There's a good choice of food and you can have what you want" and, "The food is pretty good here."

Staff discussed people's care and support with them. People received personalised care. One person said, "They usually say, when would you like to get up." Another person commented, "They ask me what I want to wear." Staff worked in partnership with other professionals to ensure they effectively met people's healthcare needs. One person living at the home told us, "They get the doctor to see you if you need it."

The provider sought consent to care and treatment in line with legislation and guidance. When people moved to the home, staff assessed their capacity to consent and took appropriate steps if assessed the person as not having capacity to make a specific decision.

The provider ensured that staff treated people with kindness, respect, and compassion. Staff also offered emotional support when needed. People's family members told us about the kindness and care provided by the staff, one relative said, "(The person) responds well to staff."

Staff supported people to enjoy an active lifestyle according to their preferences. They had opportunities for meaningful occupation in accordance with their abilities and interests. The provider had a robust complaints procedure in place. People told us they would make a complaint if they were unhappy with any aspect of their care and support. One person told us, "There's always someone to talk to. I have raised a few things in the past and they've always been sorted out."

The leadership was visible and accessible. The registered manager had a clear understanding of the key values and focus of the service. One person's family member commended the management for listening to their family member's needs. Staff felt supported in their role. There were systems in place to communicate with staff. There were monitoring systems in place that reviewed matters such as infection control and care plans. People and their relatives had the opportunity to attend meetings to find out key information about the service and contribute their thoughts.

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service has improved to Good	**Good**

The Orchards

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 12 and 13 March and was unannounced.

One adult social care inspector, one medicines inspector and one 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, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and looked at other information we held about the service. At our last inspection of the service in November 2015, we did not identify any concerns with the care provided to people.

The Orchards provides nursing care and accommodation for up to 44 people. At the time of the inspection, there were 32 people living at the home.

During our inspection, we spoke with the registered manager and 11 staff. We looked at the care records and spoke with 12 people who lived at the home. We also spoke with three relatives who were visiting. After the inspection, we contacted four health and social care professionals to seek their views on the service. The manager and operations manager were available throughout the day.

During the day, we were able to view the premises and observe care practices and interactions in communal areas. We observed staff serving lunch. We looked at a selection of records, which related to peoples individual care. We also looked at records relevant to the management of the service. This included staff recruitment files, training records, medicine records, complaint and incident reports and performance monitoring reports.

Good

Is the service safe?

Our findings

People continued to receive safe care.

People living at the home told us they felt safe. One person said, "They tell you to hold on to the hoist, and ask "Do you feel safe?" They said, "I haven't had any problems, they are well trained in using the hoist." Another person told us, "They help with washing, they pull the curtains around." A third person said, "I always feel safe staff look after me."

People had a call bell in their room. Staff responded promptly when people rang it. A visitor told us, "[Relatives name], could not be safer, they have alarms if they fall out of bed and staff come running." One person said, "This thing [indicating the call bell], that's for emergency calls for help, for anything else I just have to wait until somebody is walking by, and I just call them, they are coming by all the time, they are here in no time, and they say "What can I do for you?"

The provider had policies and procedures in place for safeguarding vulnerable adults. Staff understood how to recognise and report signs of abuse or mistreatment. Safeguarding and whistleblowing policies and procedures were available for staff to access. Staff had received training on how to recognise the various forms of abuse, which was regularly updated and refreshed.

The registered manager understood their responsibilities to raise concerns and record safety incidents, concerns and near misses. The registered manger reported these internally and externally as necessary. Staff told us if they had concerns, management would listen and take suitable action. If the registered manager had concerns about people's welfare, they liaised with external professionals. We reviewed safeguarding referrals the registered manager had submitted.

The provider had a health and safety committee that met three monthly to discuss any issues relating to home to ensure the safety of staff, residents and visitors. Minutes of these meetings were accessible to staff. We reviewed minutes dated 9 March 2018 and 24 January 2018. The minutes included discussion points such as accidents, infection control, and building works.

The provider had recruited a maintenance person who managed any issues raised. The maintenance person was responsible for carrying out Legionella tests; we reviewed records that included the current water certificate. We also reviewed the provider's contingency plan; the plan did not have a review date but did include loss of bedrooms or accommodation plans, gas supply disruption, electricity supply disruption and a communication strategy. In addition to this, the provider had contractors that service their equipment to ensure it was safe to use.

Each person had risk assessments in place. These included tissue viability and risk from falls. These were under regular review. Staff assessed risks and took appropriate action to mitigate them. This helped keep people safe. For example, people who were high risk of pressures sores had clear action plans that included inspecting skin daily, and reviewing mattresses and seating surfaces. Staff had implemented these control

measures where appropriate.

The provider promoted positive risk taking. For example, each communal area had tea and coffee making facilities and residents were encouraged to make hot drinks for themselves. People helped staff maintain the garden and staff supported people to access their local community.

The provider had robust recruitment policies and procedures in place. Records contained references, and a Disclosure and Barring Service (DBS) certificate. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups.

The provider completed a dependency assessment of each person living at the home. The registered manager used this to calculate the staffing levels required for the home. The registered manager produced a staff rota one month in advance the showed us the home was sufficiently staffed. One visitor told us, "I can call staff anytime to see how my relative is and they always know what's going on." People living at the home told us, "You only have to ring the call bell and they come running" adding, "They are very good here."

During our inspection, we looked at the systems in place to manage medicines. Medicines were stored securely and access was restricted to authorised staff. Room and fridge temperatures were recorded daily and the records showed that medicines were stored at appropriate temperatures. There were suitable arrangements for storing and recording medicines that required extra security. There was a system in place for the ordering and disposal of medicines and appropriate records were maintained.

The provider reduced the risks associated with cross infection. We observed hand-washing posters in the toilets, hand gel containers in communal areas and staff had access to personal protective equipment such as disposable aprons and gloves. The home was visibly clean; communal areas and bedrooms smelt fresh and were in good condition. One person commented, "It's always nice and clean." We reviewed cleaning schedules dated January and February 2018. Staff had signed the sheet once they had cleaned each area of the home.

Accident and incident reporting was robust. Staff knew the reporting process. Records showed that staff had taken appropriate action where necessary and made changes to reduce the risk of a re-occurrence of an incident. Where incidents had occurred, the registered manager had used these to make improvements to the service. Staff said they only received the outcome of an incident if they are involved in the investigation, which meant not all staff received learning from some of the incidents that occurred. We discussed this with the registered manager who said they would introduce a regular meeting with all staff to discuss accidents and incidents and how the service could learn and develop from them.

Good

Is the service effective?

Our findings

People continued to receive effective care.

The provider carried out a full and comprehensive pre assessment of each person's needs. We spoke with one professional who told us, "We see them as a good home, they communicate well with us." Another professional told us the provider will try new ideas to improve, for example they got involved in a pilot scheme with us that involved reviews being carried out by skype." They also said, "Staff always contact us if they are not sure, recently staff contacted us for information on tissue viability." They said "The manager is open and willing to engage," adding, "Recently we had a problem with reception staff, we spoke with manager and this was resolved well."

Staff had the skills, knowledge, and experience to deliver effective care and support. New employees received a comprehensive induction, which included welfare, health and safety, fire awareness, coping with accidents, and the competency framework for care staff. Staff told us if they were new to care, the registered manager extended the induction period to four weeks. Staff training attendance was up to date and we saw certificates of attendance on staff personnel files. One person living at the home said, "They know what they are doing." Another person told us, "I feel safe when staff hoist me; they know how to use it."

The provider supported people to eat and drink enough to maintain a balanced diet. Staff offered a choice of food and drink using either a menu, or pictures. The provider employed a team of chefs who created a nutritionally balanced menu. The menu was adapted as necessary to meet the various needs of people. For example, some people had swallowing difficulties; staff served these people food according to their needs.

People told us they were very happy with the food provided. One person said; "There's a good choice of food and you can have what you want" and, "The food is pretty good here." Another person said, "It's pretty good here." One person said "It is not that warm," A relative told us they had been served a meal with their relative and staff offered them a glass of wine." They said, "It was smashing."

The provider worked well with other organisations to deliver effective healthcare. Staff reported any physical health concerns to the GP and arranged for people to see healthcare professionals such as a podiatrist or optician. One told us, "They get the doctor to see you if you need it." Another person said, "If I needed anything, like a doctor, they would get one." A visitor told us staff arranged for their relative's medication to be reviewed as their relative was struggling with their current prescription. Care records confirmed that GPs locally visit people in the home when required.

Staff told us a local Audiologist delivered training for staff to maintain people's hearings aids. The provider had recently started a weekly cleaning and testing of hearing aids to promote this.

The provider met people's individual needs through adaptation, design and decoration of premises. People were involved in the design of the home; one corridor had a beach theme which people told us they wanted. People could design their bedrooms to reflect their likes and preferences. One person showed us their

bedroom with lots of personal items in. We looked at another person's bedroom. This room had a sofa so any visitors could be comfortable. Bedrooms and communal areas were wheelchair accessible and there was a working lift to each floor.

The majority of people were able to make day-to-day decisions about their care and support. People said staff always asked them for their consent before they assisted them. One person said, "They usually say, when would you like to get up?" Another person commented, "They ask me what I want to wear."

The provider sought consent to care and treatment in line with legislation 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.

Staff had received training and had been issued a card with the five principals of MCA on, staff were very proud to show us this card, saying, "Carrying these reminds us all the time to ask people what they want." One member of staff said, "If people could not communicate, I would talk to their relatives to make sure I acted in their best interests." When people moved to the home, staff assessed their capacity to consent and took appropriate steps if assessed as not having capacity to make a specific decision. We saw copies of these assessments in care plans.

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 application procedure for this in care services is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had submitted DoLS applications. The relevant local authority was currently processing these.

Good

Is the service caring?

Our findings

People continued to receive a caring service.

Staff treated people with kindness, respect and compassion. The atmosphere was friendly and relaxed. We observed people that were unable to tell us whether staff were kind, these people appeared happy in staff company. For example, people were smiling and laughing. People's family members spoke of the kindness and care provided by the staff, one relative said, "(The person) responds well to staff."

Staff adopted a positive approach in the way they involved people and respected their independence. A health care professional said, "Staff engaged in alternative ways to involve people. For example, they had taken part in a pilot where residents could skype into reviews with professionals."

Staff demonstrated empathy in their conversations with people and in their discussions with us about people. For example, they understood the difficulties some people had adapting to the environment. We observed a person exhibiting anxiety; the staff understood this immediately and provided reassurance.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People receiving support had varying communication abilities. Staff understood non-verbal communication methods. For example, the provider supplied audio books for people with sight impairments and there was a hearing loop fitted at the reception desk.

The provider supported people to express their views and be actively involved in making decisions about their care, support, and treatment as far as possible. Other communication tools helped to enable effective communication. For example, there was some pictorial information from which people could choose their menu preferences and staff had become good at interpreting verbal communication where a person's speech was unclear. For example, staff used gestures such as waving and shaking hands.

Staff spoke confidently about people's specific needs and how people liked to be supported. Staff were motivated to provide support that was kind and compassionate. They understood the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. A relative said, "Staff provided a calm, relaxed environment."

Staff supported people to maintain personal relationships. The registered manager understood the importance of relationships with friends and family and did what they could to support them. For example, one person had a sofa put in their room to enable family to sit with them and staff arranged for two people and their relatives to go to the local theatre.

Good

Is the service responsive?

Our findings

People continued to receive a responsive service.

The home was responsive to people's needs. Where people could not express themselves, staff consulted family members or representatives. One person's family member said, "We are told about everything and asked about trying new things; we make suggestions." Staff followed people's wishes unless legally authorised to support them in a different way for their protection.

Each person had a care plan, which staff regularly reviewed. Care plans took into account the person's wishes and information from people who knew them best, such as family members. Care plans made sure that staff had all the information they needed to provide care and support which was personalised to the individual, for example, how a person was to receive the personal care they needed.

Care plans were well organised, information was easy to find and they contained in-depth information relevant to the person. For example, if the person had a preferred daily routine. They also had clear plans relating to people's safety, for example, one person's care plan identified the type of diet they should receive due a high risk of choking. Staff reviewed each person's care plan and included relevant people in those reviews, such as the person or their family members.

All staff had important information about people available to them, which meant staff could understand their individual needs. Care plans contained people's life histories and details of their family members, and people significant to their care. Some people had no family to provide that information but staff knew their preferred ways through the experience of supporting them.

Staff supported people to enjoy an active lifestyle according to their preferences. They had opportunities for meaningful occupation in accordance with their abilities and interests. For example, some people enjoyed going to the theatre, some people went out on day trips and there had been events at the service, such as exotic animals visiting, the local school children singing for people and a summer BBQ.

The provider had a robust complaints procedure in place. Staff completed investigations and produced action plans to improve service delivery. During the past 12 months, the service had received three complaints. These included one complaint made by a person about poor moving and handling procedures.

People told us they would make a complaint if they were unhappy with any aspect of their care and support. One person told us, "There's always someone to talk to. I have raised a few things in the past and they've always been sorted out." A visitor told us, "I have no complaints here but if I did I would mention it and I know it would be sorted." The provider issued a detailed welcome pack when someone moved into the home, which included the complaints procedure.

The provider used the Gold Standard Framework end of life care end of life care model Staff told us they discussed end of life plans on admission, and reviewed as necessary. At the time of the inspection, one

person living at the home was receiving end of life care. We reviewed treatment escalation plans where staff had recorded people's resuscitation preferences. Staff were aware to liaise with the GP and the district nurse team in the event someone required end of life care.

There was a bereavement leaflet available for families. This offered information about what happens at end of life and after. The local Funeral director had delivered training for the staff team on how to look after people when they are receiving end of life care.

The provider helped people celebrate special occasions such as birthdays and religious festivals such as Christmas. One person told us, "You always get a birthday cake and they sing happy birthday to me."

People who wished to continue to practice their faith but were unable to attend services outside the home could attend a monthly church service at the home. Staff told us local clergy conducted these services and they would visit people in their rooms if they could not attend the main area. Staff said they would always try to accommodate people's individual faiths and religions.

Good

Is the service well-led?

Our findings

At the previous inspection in 2015 the service was not always well led. At this inspection, we found the service had improved.

There was a registered manager at the service. 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.

A deputy supported the registered manager. They both demonstrated an excellent knowledge of people and their care needs. During the inspection, they spent time in the main areas of the home talking with people. Everyone was very comfortable and relaxed with them.

The leadership was visible and accessible. The organisation's new core values were displayed in the office and staff had been booked to receive training on those values in April 2018. We observed open, honest, skilled leadership at the service. People said the registered manager was very approachable.

The registered manager had a clear understanding of the key values and focus of the service. They and the provider were committed to continuously improving the service. This was apparent when they spoke about their plans for the service as well as the day-to-day experience of people living at the home. They were able to reflect on past decisions and consider if they could improve their approach.

One person's family member commended the management for listening to their family member's needs. Another person's family member said, "We can speak to any staff member and they know what is going on." This showed an open, relaxed atmosphere.

All staff we spoke with told us that they could raise issues without fear of bullying or intimidation and we found no reported incidents of bullying within the team. Staff told us they all worked well together. One staff member said, "The team is supported by each other." Staff members also had opportunities for development.

Some staff had an annual appraisal where they were able to discuss their performance and highlight any training needs. Staff told us they had not received regular supervision within the last 12 months but they felt supported in their role. We discussed this with the registered manager who told us they had a plan in place to improve formal supervision and appraisal processes and had started to action this. We reviewed the supervision matrix that demonstrated staff had started to receive regular formal supervision and appraisals were booked for 2018.

There were systems to communicate with staff. The registered manager held daily meetings with heads of departments. Areas discussed included health and safety, infection control and staffing levels. The manager held periodic meetings for all general staff and registered nurses. The supporting minutes showed areas

discussed included record keeping, staffing cover, care planning, infection control and moving and handling. Registered nurse meetings discussed clinical matters within the service and people's individual care needs.

The provider carried out regular audits that included infection control and care plans. Senior managers reviewed compliance monthly, the last review took place on 31 January 2018 and had clear actions for service improvement. There were additional audits completed in relation to health and safety, housekeeping, and medicines management as evidenced in the safe domain of this report.

People and their relatives had the opportunity to attend meetings to find out key information about the service and contribute their thoughts. We reviewed the meeting minutes for the last meeting; areas discussed included pets in the home, the environment, and management support. People we spoke with told us they were aware that staff held these meetings and some said they attended.

The provider demonstrated continuous learning that helped drive improvement. For example, staff had carried out an annual quality assurance survey in order to seek the views and opinions of people or their representatives. We reviewed results of the last satisfaction survey dated October 2016, these were generally positive. The provider had sent the latest one out in January 2018 and the results had been sent to head office for collation.

The provider was transparent, collaborative, and open with all relevant external stakeholders and agencies. Staff worked in partnership with key organisations to support care provision, service development, and joined-up care. For example, GPs and Psychiatrists visited the home to see people who had physical and mental healthcare needs and required additional support. This helped to make sure people received care and support in accordance with best practice guidance

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.