

Flightcare Limited

Orchard Residential

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Orchard Residential accommodates up to 26 people who require personal care. At the time of the inspection there were 21 people using the service.

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

People's health and safety was placed at risk. Kitchens, food serving areas and mobility aids such as wheelchairs and sensor mats were unclean increasing the risk of the spread of infection.

The systems in place for monitoring the quality and safety of the service were not always effective in identifying and mitigating risks to people. Some audits carried out did not always accurately reflect the findings and where audits had identified risks to people's health and safety they were not mitigated in a timely way.

Staff understood their responsibilities for safeguarding people from abuse and the risk of abuse. Safe recruitment processes were followed. Learning took place from accidents and incidents.

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

People's needs were assessed to make sure they could be met at the service. People received effective care and support by the right amount of staff who had received training and support relevant to their roles.

People were treated with kindness and their dignity, privacy and independence was promoted and respected. Staff responded sensitively to people's emotional needs. People and their family members were given opportunities to express their views about the care provided. Personal information about people was treated in confidence.

People received personalised care and support in line with their choice and preference. People were offered a variety of activities to meet their needs. People and others were provided with Information about how to make a complaint and they were confident about complaining should they need to.

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

Rating at last inspection and update

The last rating for this service was good (published May 2017). We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our responsive findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Orchard Residential

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Day one of the inspection was carried out by one inspector 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. Day two and three of the inspection was carried out by one inspector.

Orchard Residential 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Day one of this inspection was unannounced and day two and three were announced.

What we did before the inspection

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

During the inspection

We spoke with eight people who used the service and four family members about their experiences of the

care provided. We also spoke with the registered manager, two deputy managers, the care quality manager, registered provider and eight members of staff including care workers and ancillary staff.

We 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 reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management; Preventing and controlling infection;

- Parts of the premises and mobility aids in use were unclean placing people at risk of the spread of infection.
- There was a build-up of food debris on floors, work tops and appliances in kitchens and a food serving area. Wheelchairs, a stand aid and fall sensor mats were heavily stained with a build-up of food debris, dust and spillages.
- Daily cleaning schedules had been signed confirming cleaning tasks had taken place. However, this was not reflected in our findings.
- Daily walk around checks failed to identify wheelchairs and sensor mats were unclean.
- An internal infection control audit was recently carried out by the care quality manager. The audit highlighted actions needed to improve the cleanliness of the kitchens and the maintenance of cleaning records. Despite this, no action had been taken until we raised concerns on the second day of inspection. The audit did not take account of mobility equipment.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all the actions from the infection control audit were now completed and suitable checks of the environment and equipment were in place.

- Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Regular safety checks were carried out on utilities, the passenger lift and fire, gas and electrical equipment.
- Each person had personal emergency evacuation plan (PEEP) with up to date information about how to help them to move safely in the event of an emergency.

Staffing and recruitment

- People's needs were safely met by the right amount of suitably skilled and experienced staff. One person told us; "They [staff] are all very good, know what they are doing" and a family member told us; "They [staff] are all fantastic, can't fault them."

- The recruitment of new staff was safe. Applicants were subject to a series of pre-employment checks to assess their suitability before they were offered a job.

Using medicines safely

- Staff responsible for the management of medicines had undergone accredited training and had regular checks on their competency.
- Facilities used for storing medicines were secure, maintained at the right temperature, clean and well organised.
- Medication administration records (MARs) were completed in good detail.

Systems and processes to safeguard people from the risk of abuse

- Staff completed safeguarding training and knew about the provider's whistleblowing procedure. They understood their responsibilities for keeping people safe and for reporting any concerns about people's safety.
- Allegations of abuse were raised promptly with the relevant agencies and action was taken to protect people from further risk of harm.
- People told us they felt safe and were treated well by staff. Their comments included; "I'm safe here alright" and "They treat me good and make sure I'm safe." Family members told us they had no concerns about their relative's safety. One family member told us; "I can sleep at night knowing they [relative] are safe here."

Learning lessons when things go wrong

- All accidents and incidents which occurred at the service were recorded and analysed and action was taken to reduce further occurrences.
- Information was used for learning as part of staff team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Assessments completed by staff at the service and those obtained from other health and social care professionals were used to decide if people's needs could be met at the service.
- People and relevant others such as family members were involved in the assessment process. A family member told us; "We as a family helped with the assessment before [relative] moved in."
- People's care and support was monitored and recorded in line with their needs, and the outcomes were used to evaluate people's care.
- Staff worked alongside other agencies so that people received effective care and support.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported by managers and colleagues and that they received a good level of training.
- New staff completed an induction programme and all staff completed ongoing training in topics specific to their role and people's needs.
- Staff underwent checks to assess their understanding and knowledge of the training they had completed.
- Staff were given the opportunity to discuss their training and development needs and other work matters through one to one meeting with their line manager. Regular staff meetings also took place.

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

- People dietary needs were assessed and planned for using a nationally recognised tool.
- Staff followed guidance for people provided by dieticians and speech and language therapists. This included monitoring people's food and fluid intake and weight.
- People's food and drink was prepared in line with their needs and choices and staff provided assistance to those who needed it to eat and drink.

Supporting people to live healthier lives, access healthcare services and support

- People received the support they needed to access healthcare services. People's care records detailed healthcare services involved in their care and records were maintained of all appointments and outcomes.
- Staff contacted healthcare services for advice and support and acted appropriately following their advice.
- Staff were prompt in making referrals for people to healthcare services where this was required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The service was operating within the principles of the MCA.

- Managers and staff understood the principles of the MCA and people's right to consent unless they had been assessed as lacking the capacity to do so.
- People's mental capacity was assessed and where people lacked the capacity to make their own decisions, they were made in the person's best interest following the appropriate legal process.
- Staff knew which people had a DoLS authorisation in place and the authorisations were monitored to ensure they remained relevant and up to date.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were treated with kindness and compassion.

Respecting and promoting people's privacy, dignity and independence

- People received personal care in private. Staff reassured people and maintained their dignity when supporting them in communal areas.
- Staff knocked before entering bedrooms and waited to be invited in and people told us this was usual.
- Staff knew the things people liked to do for themselves and they encouraged their independence. People chose where they spent their time and those that wanted to, kept themselves busy around the environment.
- People's personal records were kept secure and accessed only by staff and others on a need to know basis.

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

- People and family members told us staff were kind and polite. Their comments included; "Very good and caring," "Yes they [staff] are very kind and keep checking that I'm ok" and "They [staff] are all very kind and treat [relative] and us with a lot of respect."
- Staff recognised when people needed comfort and reassurance and they provided it in a sensitive way. Staff greeted people and enquired about their comfort and wellbeing.
- Staff had a good understanding of people's backgrounds, interests, likes and dislikes and they used this knowledge to support people in a way they preferred.
- Staff supported people to follow their cultural and religious beliefs. We saw examples where staff had learnt about people's cultural backgrounds and how to communicate with them in their first language.
- Staff welcomed visitors to the service and offered them refreshments. People were given a choice of where they spent their time with their visitors and visiting times were flexible. A family member told us, "They [staff] are so welcoming."

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

- People and, where appropriate relevant others were provided with opportunities to express their views and through care reviews and meetings.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- New care planning documentation had recently been introduced and completed for several people. The new care plans clearly reflected people's needs and choices and how they were to be met.
- Daily records which were maintained for each person showed they had received the right care and support.
- People's care plans were reviewed with them each month or following a sudden change in their needs. Where it was appropriate, relevant others such as family were involved in reviews and any changes made to care plans.
- Family members told us staff were knowledgeable about their relatives needs and met them well. Their comments included; "They know [relative] so well and all her needs are met" and "[Relative] gets all the care he needs, he is well looked after."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social and cultural needs, interests, hobbies and important relationships were recorded in their care plans along with the support they needed to maintain them.
- People were offered a variety of activities to meet their needs. We saw examples where staff explored activities and customs relevant to people's background and culture.
- People were supported to develop and maintain important relationships with their family and friends. Family and friends were invited to take part in celebrations and events held at the service.

Meeting people's communication needs

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

- People's communication needs were set out in their care plan. Staff ensured people who needed them had access to their hearing aids and glasses.
- Some information was available in picture format for those who required it. Discussion took place around the use of large print in care plans for people who had a sight impairment. We were assured that this was going to be addressed through the implementation of the new care planning documentation.

Improving care quality in response to complaints or concerns

- A copy of the registered providers complaints procedure was clearly displayed at the service for all to see

and each person was provided with their own copy.

- People and family members were confident about complaining should they need to.
- A record of complaints was kept and included acknowledgments and responses made to complainants and the action taken to improve the quality of the service.

End of life care and support

- Staff had received training in end of life care and support and knew the importance of working alongside other professionals to ensure people experienced a comfortable, dignified and pain free death.
- People were given the opportunity to plan their end of life wishes and family members were involved where this was appropriate.
- No person was receiving end of their life care at the time of our inspection. However, we received feedback from a family member who told us their relative had received excellent end of life care and that staff provided fantastic support to the family following their relative's death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

Continuous learning and improving care; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The systems in place for checking on the quality and safety of the service was not always effective. They failed to identify and mitigate risk to people's health and safety.
- There were examples where records indicated checks had been carried out, however they did not accurately reflect the findings. This included records of checks carried out on the hygiene and cleanliness of kitchens, kitchen equipment and mobility aids.
- A new care quality manager had recently commenced work at the service and had carried out a series of audits which identified areas for improvement. Improvement plans with timescales for completion were developed and shared with the registered manager for them to action. Whilst some improvements had been made the registered manager had failed to address others within the required timescale. This placed people at risk of harm.

The systems for checking on the quality and safety of the service were not always used effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements were made in response to our feedback during both days of inspection and we were provided with assurances that they would be sustained and that continuous improvements would be made.
- The ratings from the last inspection were clearly displayed at the service and on the providers website.
- CQC were notified in good time of incidents and events which occurred at the service in line with regulatory requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The registered manager and other senior staff promoted an open culture which was person-centred and achieved good outcomes for people.
- People and family members told us they were involved in the care provided and were listened to. People and family members were engaged and involved through regular reviews, general discussions, meetings and surveys.
- Staff felt valued and well supported. They were given opportunities to share their views about the service through one to one meetings and regular team meetings.

Working in partnership with others

- Managers and staff worked closely with other agencies to ensure good outcomes for people. This included working with commissioners of the service, local authority safeguarding teams and external health and social care professionals.
- Good links were established with community groups including local schools, nurseries and churches.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers were open and honest with people and others when things went wrong and when changes to the service were made.
- The manager shared appropriate information with the CQC and the local authority safeguarding team in a timely way and learning took place from incidents.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were either not in place or robust enough to demonstrate safety was effectively managed. The systems for checking on the quality and safety of the service were not always effective.</p>