

Sutton Nursing Homes Limited

# Orchard House Nursing Home

## Inspection report

35 Hallmead Road  
Sutton  
Surrey  
SM1 1RD

Tel: 02086443916

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Orchard House Nursing Home is a residential care home providing nursing care to up to 44 people. The service provides support to older people and specialises in providing end of life care. At the time of our inspection there were 34 people using the service.

### People's experience of the service and what we found:

Staff supported people to stay safe. There were systems in place to ensure people were protected from avoidable harm. The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. 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 were supported with their medicines as prescribed and safe medicines management was in place. Staff followed safe infection control and prevention procedures and a clean, hygienic environment was provided.

People, relatives, staff and visiting professionals were asked for their feedback about the service and this information was used to provide a responsive service that met people's needs. People, relatives and staff felt able to speak openly with the registered manager and felt listened to.

There were systems in place to review the quality of service delivery. We found some of these systems were not used to their full potential. For example, whilst the provider was recording incidents and accidents, they were not analysing these to identify trends and patterns. The registered manager was receptive to our feedback and there was a commitment to continuous improvement. They were putting in measures to use available data to look for patterns that may help with preventative measures and further improvement. The provider was in the process of moving to an electronic recording system which would support better access to information about people's current needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (Published 27 March 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating, which has remained good.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Orchard House Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Orchard House Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of an inspector and a regulatory coordinator.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

### During the inspection

We spoke with 7 people and 6 relatives. We spoke with 5 staff, including the operations manager, the registered manager, a nurse and 2 healthcare assistants. We reviewed 3 people's care records, records relating to staff and the management of the service. We reviewed how medicines were managed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- People and their relatives told us they felt safe at the service and with the staff. One relative said, "The staff all make my [relative] feel very loved and safe." Another relative told us, "The staff have always been wonderful and show lots of care and love towards me and my [relative]."
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff were respectful of people's protected characteristics and people received support free from discrimination.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- On the whole, environmental risks had been identified and mitigated. During our inspection we saw that whilst windows were restricted, the devices used were not in line with best practice guidance. Following our site visit the operations manager arranged for appropriate restrictors to be fitted and provided us with evidence of this work to ensure people were adequately protected from the risk of falling from height.
- Staff were knowledgeable of the measures in place to keep people safe and protect their wellbeing. One person told us, it was "lovely living here...the staff are brilliant" and made them feel safe.
- Appropriate measures were in place to support people with individual risks, including in relation to prevention of falls, pressure wounds and continence care.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- We observed staff supporting people in a timely manner and responding promptly to call bells.
- We received mixed feedback from people and relatives about staffing levels. One relative told us, "There are plenty of staff, they check in on [their relative] a lot." Whereas another relative told us, "The staff are flat out all of the time." A person said, "They could do with more staff but the ones here are brilliant."
- The provider operated safe recruitment processes.
- This included undertaking criminal records checks, getting references from previous employers, checking people's identity and their eligibility to work in the UK.

Using medicines safely

- People were supported to receive their medicines safely.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.

- A new electronic medicine administration record (eMAR) had been introduced which informed staff what medicines people received and when. We saw that accurate records were maintained of the medicines administered. The new system also gave a count down of time in-between doses for medicines that were time critical so staff were able to easily identify when a person required their next dose, for example in relation to pain relief.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. One person told us, the home was "scrupulously clean." A relative said, "The place is always very clean."
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support.

#### Is consent to care and treatment always sought 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 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- Appropriate legal authorisations were in place to deprive a person of their liberty, when this was necessary to keep people safe. Any conditions related to DoLS authorisations were being met.



# 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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. However, we found that some of these systems were not always used to their full potential.
- Data was collected about incidents, but this was not analysed to identify any potential patterns which may support prevention or further improvement. A care records audit was in place, but this did not include an audit of daily records, and we saw for 1 person that their repositioning chart was not completed correctly. The registered manager told us they would develop their systems to account for this.
- Care records were in place outlining people's needs and these were updated monthly. However, we found that people's care records contained a lot of old information and the way information was presented made it difficult to locate up to date current information. The provider was in the early stages of moving information across to an electronic recording system which would provide more structure and enable information to be accessible.
- Systems were in place to review staffing requirements, however, we found these too required improvement. The registered manager reviewed people's individual dependency needs, however, this information was not collated in a formal dependency tool to ensure staffing levels were appropriate and responsive to changes in people's needs. The registered manager told us they would review their systems for reviewing dependency levels.

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

- There was a positive and open culture at the service.
- Relatives said there was good communication from staff and they were kept updated as to how their family members were and if there were any changes in their health. A relative told us, "I get on well with the staff, if there's anything I'm not sure of they are very helpful."
- People and staff were involved in the running of the service. The provider fully understood and took into account people's protected characteristics. A staff member said, "The manager is always open. She will listen and take things on board."
- The provider asked people, relatives and visiting professionals for their views and feedback about the service to ensure they were providing a responsive service that met people's needs.

#### Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The provider had an annual development plan and a strive to improve. They were in the process of rewiring the home to improve connectivity and the digitalisation of the home.
- Staff were encouraged to learn and improve their skills. There was a regular programme of training and staff were encouraged to complete regular refresher courses to ensure their skills and knowledge were up to date with best practice. Staff were also supported to develop and progress in their careers. A staff member said, "They are giving us the best training." Another staff member told us, "If we want more training then we just ask and the manager will provide us with more."

#### Working in partnership with others

- The provider worked in partnership with others.
- The provider engaged in local forums run by the local authority to work with other organisations to improve care and support for people using the service.
- The service worked well in partnership with other health and social care organisations, which helped to improve people's wellbeing. The registered manager told us they appreciated the support they received from community healthcare professionals and found them to be responsive to any requests for advice or assistance.

#### 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

- The provider understood their responsibilities under the duty of candour.
- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.