

Orchard Homes Private Limited

Orchard Lea

Inspection report

Orchard Way
Cullompton
EX15 1EJ

Tel: 0188432853

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Orchard Lea is a care home registered to provide nursing and personal care for up to 37 people, some of which were living with dementia and/or a physical disability. The premises comprise of a two-storey building with a passenger lifts to access the second floor. At the time of the inspection, 21 people were living at the service. Although the service is registered to provide nursing care, no-one was in receipt of this regulated activity at the time of inspection. We were not able to inspect this regulated activity as a result.

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

Improvements had been made since the last inspection and two previous breaches had been met in relation to good governance and notifications required by CQC.

There were improved systems in place to check the quality and safety of the service. Effective quality assurance and monitoring systems had been embedded and were used to identify shortfalls and drive improvements.

At the last inspection some environmental risks had not been proactively managed in relation to hot water temperatures. We found improvements and action had been taken to address this risk. Personal emergency evacuation plans (PEEPS) had not been reviewed or updated at the last inspection to include all people living at the service. At this inspection PEEPs were all up to date with information to assist people when evacuating the building.

At the last inspection, some staff had not received core training to ensure they worked safely with people. At this inspection we found staff received training and support needed to carry out their role effectively.

Everyone we spoke with said they felt safe. Comments included, "It is very nice here. Everyone is very pleasant" and "Yes, I am safe and happy." People were protected from harm and abuse as staff understood how to report any concerns. Risk assessments were completed and contained strategies to reduce potential harm. Medicines were safely managed.

Staff had enough time to deliver a good standard of care without rushing people. The registered manager followed safe recruitment processes to ensure staff recruited were suitable for their roles.

People's needs were assessed prior to moving to the service to confirm their needs and preferences could be met. People enjoyed the food and there was always a choice.

The service worked well with health care professionals to provide timely care to people to ensure their health was maintained. These included GPs, speech and language therapists; occupational therapist and the mental health team. Feedback from professionals included, "This is one of the better homes we know..." and "We have no concerns whatsoever. They have been brilliant".

The service promoted a positive and inclusive culture for people. People described a happy atmosphere. Comments included, "I think they look after you and accommodate you...I can't think of anything to improve" and "It is first class. I have never seen anything to cause any concern at all".

People using the service and relatives described the registered manager as approachable and all said they would feel confident to raise any issues or concerns. People and their relatives were asked for their views about the care and support provided. Where suggestions were made, action was being taken.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Rating at last inspection

The last rating for this service was requires improvement (published 24 December 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of safe, effective and well-led which contain those requirements. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Orchard Lea on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Orchard Lea

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team was made up of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Orchard Lea is a 'care home'. 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 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met with most people using the service and spoke with seven people in person about their experience. We also spoke four relatives. We spoke with 10 staff members, including the registered manager, care staff and ancillary staff. We asked the registered manager to send a CQC poster to relatives and staff inviting them to feedback directly to us. One relative contacted us after the inspection.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. Following the inspection, we sought feedback from four professionals; three responded.

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 rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection some environmental risks had not been proactively managed. Hot water temperatures had been recorded above the recommended temperature. Action had been taken to address this risk.

At the last inspection personal emergency evacuation plans had not been reviewed or updated to include all people living at the service. Action had been taken to address this risk.

- People lived in a service which was safe and well maintained. Regular servicing and maintenance were carried out on utilities such as gas and electrics., and water temperatures were checked to make sure hot water supplies were maintained within safe limits for people.
- Fire safety was well managed. Weekly fire checks were completed which included checking fire doors fully closed. A fire alarm test was completed during our visit and where a fire door had not closed this was addressed quickly.
- A fire risk assessment had been completed and actions were being taken to address identified issues.
- Individual personal evacuation plans were in place and described the assistance each person would need if an emergency evacuation was required.
- Risk assessments were completed and contained strategies to reduce potential harm. For example, how to prevent pressure damage. Where people were at risk, pressure relieving equipment was in place and regular monitoring of people's skin was undertaken. We observed the equipment was used appropriately and checked daily to ensure settings were correct.
- Where people were at risk of falls, risk assessments identified equipment to be used. A visiting professional said, "When giving advice, in the main, they (staff) are very good. They get the equipment we recommend, and they listen to our advice."
- Staff were aware of the risks associated with people's care and knew how to support them safely. Staff were given up to date information at daily handovers.

Staffing and recruitment

At the last inspection, we recommended the provider review the deployment of staff in communal areas to ensure people's needs and requests are met in a timely way. Improvements were noted at this inspection.

- Prior to the inspection we had received concerns about staffing at night. We sought assurance from the registered manager at the time. At the inspection, people, staff and relatives told us they felt there was enough staff. People said calls bells were usually answered quickly, within five minutes. One person said

they had waited for 10 minutes on occasion. They added, "This has not yet caused me a problem".

- During the inspection staff had enough time to deliver a good standard of care without rushing people. Lunchtime was busy but well organised. We spoke with the registered manager about the lack of staff presence in the lounge, where some people chose to eat lunch. Staff did check on people when passing through the area.
- Staff described some "pinch points" during the day when people required support, for example first thing in the morning. The registered manager monitored people's dependency and the need to adjust staffing levels.
- Unplanned sickness or other absences were usually covered by existing staff working extra shifts. Agency staff were used when necessary. The registered manager and deputy worked with care staff on the floor regularly to provide the care and support people required. The registered manager was recruiting for staff, including care staff, domestic staff and an activity person.
- Staff were recruited safely. The registered manager followed safe recruitment processes to ensure staff recruited were suitable for their roles.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with said they felt safe. Comments included, "It is very nice here. Everyone is very pleasant" and "Yes, I am safe and happy."
- Relatives comments included, "Definitely (safe). I think it's the staff [that make them feel safe], and also the atmosphere"; "(Person) is very safe here. We have no worries whatsoever" and "Everything [makes them feel safe]. They are all very good, really".
- People were protected from harm and abuse. Staff had received training and understood how to report any concerns to the registered manager. They had confidence in the registered manager to take action and keep people safe. Comments included, "If (registered manager) had the evidence she would follow it through."
- The local authority safeguarding team confirmed there were no current safeguarding concerns at the service.

Using medicines safely

- Medicines were safely managed. There were suitable arrangements for receiving, storing and disposal of medicines, including medicines requiring extra security.
- The Medicine Administration Records (MAR) were well completed which meant we were assured medicines had been administered. There were protocols in place for administering PRN (as required) medicines.
- Staff interacted well with people when they were administering medicines, explaining what the medicines were and staying with them until taken.

Learning lessons when things go wrong

- Accidents and incidents were recorded including actions taken. This was reviewed by the registered manager to identify trends or patterns and to ensure lessons were learnt.
- When needed, additional advice and support was sought for professionals to ensure the risk of accidents and incidents were reduced. For example, referrals to occupational therapists were made to ensure people had the necessary equipment. One professional said, "We have a good relationship with them, and they are grateful for our advice..."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Plaster on the walls of the laundry was crumbling and flaking in some areas, which posed an infection control risk. The registered manager was aware of the issue and the refurbishment of the laundry area was included on the service improvement plan.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection, some staff had not received core training to ensure they worked safely with people. This in part had been caused by staff turnover. At this inspection we found improvements had been made.

- Staff received training and support needed to carry out their role effectively. Staff received training on subjects such as safeguarding, moving and handling, health and safety, infection control, and dementia care. Staff had received face to face training in first aid and fire safety the week of our visit. They told us they felt confident and well supported in the roles. A staff member told us, "We have good professional support here. The training is good and all up to date".
- Staff new to care settings were supported to complete the care certificate as part of their induction. They had opportunities to shadow more experienced staff to enable them to get to know people and learn about their preferences. One staff member said, "I did one shadow shift... then on the floor as I had previously done care...felt this was enough."
- Staff had regular supervision and staff meetings. This meant important information was shared with the staff team, who then had the opportunity to discuss this as a group or one to one with their manager and suggest any improvements to the service. One staff member shared an example of bringing an issue to the registered manager's attention, which was then addressed and led to improved practice. They added, "They listened to me..."

Adapting service, design, decoration to meet people's needs

At the last inspection we recommended the provider review the environment against current dementia research and good practice and make changes to make the environment more dementia friendly

- We found improvements had been made. New signage around the building helped people to easily identify toilets, bathrooms and communal living areas. The building was clean, bright, airy and well decorated throughout.
- People had access to numerous toilet and bathing facilities, which had good disabled access. Raised toilets with brightly coloured toilet seats were easier for people to identify.
- People's private rooms were personalised with their own furniture and favourite items, which made them familiar and homely. People were happy with the standard of accommodation.
- Since the last inspection the provider has renovated previously unused parts of the building to

accommodate up to 37 people. The renovations were completed to a good standard and offered comfortable and well-furnished accommodation for people. There were several murals on the corridor walls, which provided colour, stimulation and way finding.

- Although the garden was secure and potentially attractive, there was little furniture outside to encourage people to spend time there. What furniture there was in full sun, although there was a large grassy, shady area at the other end of the garden. The registered manager explained more work was planned to make the garden a more attractive and useable space.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving to the service to confirm their needs and preferences could be met.
- Staff followed best practice guidance, to promote good outcomes for people. For example, nationally recognised tools were used to assess the risk of malnutrition, and the risk of skin breakdown. Action was taken to address any concerns.
- Care plans were clearly written and contained information to ensure staff knew how each person wanted to be supported.

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

- People were supported to maintain a balanced diet which met their needs and preferences. People told us they enjoyed the food and there was always a choice. Comments included, "It's quite good. There's always an option" and "I have always eaten everything. I have never gone without anything". A relative said, "Yes, he loves it. Says it's lovely, something different every day".
- Staff had a good understanding of people's needs regarding food likes, dislikes and special diets. This information was in the kitchen and the cook had a good knowledge of people's needs and preferences. One member of staff assisted one person to make an espresso coffee in an espresso cup, and ensured they had their preferred ginger biscuits
- Mealtimes were pleasurable and calm. Staff were on hand to assist people where needed.
- Snacks and drinks were served throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked well with health care professionals to provide timely care to people to ensure their health was maintained. These included GPs, speech and language therapists; occupational therapist and the mental health team. People were also supported to attend hospital appointments.
- Should people be at risk of weight loss, regular checks were maintained of their weight and if necessary, action was taken. For example, recording food and fluid intake; seeking the support of GP and using supplements as prescribed. A relative described the improvements in their loved one's health, saying "Since being at Orchard Lea (person) is doing really well; eating well and more alert. We are very happy with the care."
- People's oral health was considered as part of the assessment process, with guidance in place for staff to ensure good oral health was maintained.
- Feedback from professionals was positive. Health professionals said referral were appropriate and any recommendations made were acted on. Comments included, "In terms of safety absolutely no worries about this"; "This is one of the better homes we know. They are very good and the manager advocates for people as best as she can" and "They have done very well communicating with us and making appropriate referrals and queries".

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.

- Staff understood the principles of the MCA and asked people for consent before supporting them. Where people lacked the capacity to make particular decisions, they were supported to have choice and control over their lives and were supported by staff in the least restrictive way possible. We saw staff involving people in decisions about their care and support and how they wanted to spend their day.
- Where decisions needed to be made in people's best interests, relevant people were involved, and appropriate records had been completed.
- The registered manager understood when people were potentially being deprived of their liberty. Where necessary applications had been made to the relevant authority to ensure nobody was being unlawfully deprived of their liberty.

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 as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure that oversight was effective in improving the safety and quality of the care people received. This was a breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person had also failed to notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

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

- There were improved systems in place to check the quality and safety of the service. Effective quality assurance and monitoring systems had been embedded and were used to identify shortfalls and drive improvements. The registered manager completed various monthly audits, so they could monitor quality and be aware of risks. For example, audits were carried out in relation to medicines, infection control and health and safety checks. Action was taken where needed.
- The provider visited the service regularly and completed their own audit and assessment of the service. Records showed actions from previous audits were reviewed and completed in a timely way. The provider's reports were much more detailed and informative than before and helped to ensure continued improvements were made.
- The registered manager was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We had been notified of events where necessary.
- Since the last inspection, the provider had reviewed the management structure at the service to ensure the registered manager was fully supported. A deputy manager had been appointed, who staff, relatives and professionals spoke highly of. The registered manager was also supported day to day by senior care staff and a capable administrator.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted a positive and inclusive culture for people. People experienced a good standard of care and support, which resulted in good outcomes for them. Staff worked to meet the range of diverse needs of the people, ensuring people received personalised care taking into consideration their wishes and

abilities.

- People described a happy atmosphere. They told us, "I think they look after you and accommodate you...I can't think of anything to improve" and "It is first class. I have never seen anything to cause any concern at all".
- The service was recently awarded a South West Academic Health Science Network 'Care Home Excellence Award'. This was in recognition of the work staff had done during the long lockdown periods, not just to keep people safe, but to keep people active and motivated. A professional commented, "From the social side they (staff) work really hard from what I see, even when in lockdown".
- The registered manager and staff were committed to delivering person centred care that respected people's dignity and rights and provided a homely atmosphere. One relative commented, "Staff are good at supporting but not taking over and infantilising (person). They step in when needed but promote independence".

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 registered manager was aware of the statutory Duty of Candour. This aims to ensure providers are open, honest and transparent when incidents occur. Any issues raised were investigated and reported to the relevant agencies with outcomes recorded.
- Relatives described good communication with the service and confirmed they were informed of any incidents or accidents.
- People using the service and relatives described the registered manager as approachable and all said they would feel confident to raise any issues or concerns. Comments included, "The manager and deputy are great leaders and their management spreads down the team. They know people very well; they are very person centred. This permeates to all staff" and "It is very homely, a nice environment. They (managers and staff) are all so approachable, always have time to talk to you."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service and their relatives were asked for their views about the care and support provided. Regular care reviews were completed with people and their relatives, where appropriate. This enabled people to discuss their care needs and any changes they may require.
- Regular satisfaction surveys were also used to gather people's experiences. The results from the last survey July 2021 were positive, with people rating most aspects of the services highly. A relative's survey completed in March 2021 also showed high levels of satisfaction. Where suggestions had been made, for example one relative thought a newsletter would be useful, this was being actioned.

Working in partnership with others

- Staff worked effectively in partnership with health and social care professionals to achieve good outcomes for people. Any recommendations or advice from healthcare professionals was used to deliver the care and support to people. This helped to ensure care and support was up to date with current practice.
- Health professionals described an open culture at the service, with the registered manager and staff willing to learn and improve.