

The Orchard Care Home Limited

The Orchard Care Home

Inspection report

10 Papplewick Lane
Hucknall
Nottingham
Nottinghamshire
NG15 7TJ

Tel: 01159527102

Website: www.theorchardcarehome.com

Date of inspection visit:

08 March 2022

16 March 2022

Date of publication:

19 April 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

The Orchard Care Home is a residential care home providing personal care to five people at the time of the inspection. The service can support up to six people.

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

The home did not have a manager in place. We found audits and quality monitoring systems were not effective. We found no evidence this had led to any harm.

We found a lack of understanding around current guidance for the use of personal protective equipment, in particular masks. Once we discussed this with the provider, they assured us all staff would be wearing masks in all areas of the home. The home was very clean, and people helped to maintain its cleanliness.

People were supported to take their prescribed medicines in their preferred way; however, we found a lack of guidance for staff around over the counter medicines such as painkillers. People said they felt safe at the home, and staff knew people's individual needs and managed any potential risks well.

We found a lot of routines which were in place for all people, it was not evident they were in everybody's individual best interests. It was not clear people always had a choice in certain things, for example we saw the use of "hygiene" books which were supposed to be completed to record what someone had worn but we saw them being completed several days in advance. We have made a recommendation about the routines within the home.

Records showed staff had not all completed relevant training. We have made a recommendation about staff training. People were supported with their eating and drinking needs. Relatives spoke positively about this support. However, we had concerns over the routines around these and the variety of food on offer. We have made a recommendation about eating and drinking.

Where people lacked capacity, best interest decisions were mostly in place. However, we were not assured the relevant legislation was always being followed. We have made a recommendation about making decisions on behalf of others.

Right Support

- The service made reasonable adjustments for people so they could be fully involved in discussions about how they received support, including support to travel wherever they needed to go.
- Staff enabled people to access specialist health and social care support in the community.

Right Care

- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.
- People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.
- People's care, treatment and support plans reflected their range of needs

Right culture

- People were supported by a consistent staff team who knew them well.
- Routines in place meant we were not assured people were living empowered lives of their choosing.

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 good (published 20 February 2019).

Why we inspected

We received concerns in relation to the management of the service and support for people to make their own decisions. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Orchard Care Home on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always effective.

Details are in our effective findings below.

Requires Improvement



Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement



The Orchard Care 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 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

Two Inspectors and an off-site member of the CQC medicines team carried out the inspection.

Service and service type

The Orchard Care Home 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 did not have a manager registered with the Care Quality Commission. A registered manager 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 inspection

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. We sought feedback from the local authority. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We observed interactions between staff and people. We spoke with four members of staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and two medication records. We looked at four staff files in relation to recruitment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies. We spoke with two professionals who have regular contact with the service. We spoke with four relatives of people who used the service about their experience of the care provided.

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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- The service did not always have effective infection, prevention and control measures to keep people safe.
- We observed staff not always using personal protective equipment (PPE) effectively and safely in all areas in the home. For example, masks were being worn by staff when they were supporting people; however, they were not always being worn whilst within other areas of the home. We raised our concerns with the provider and signposted them to current guidance. They immediately provided assurances that staff were wearing masks in line with guidance.
- Staff had not all completed food hygiene training or infection control training.
- Policies around infection prevention and control were not up to date and did not reflect current guidance.

The provider had failed to do all that was practicable to reduce the risk of infection. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The premises looked very clean and hygienic. People participated in the cleaning of the home, although we were not assured this was an optional life skill. A person told us, "Staff are helping me with cleaning, it is my cleaning day tomorrow." Hand hygiene had been discussed and promoted at the most recent service user meeting.
- Staff testing for COVID-19 was being carried as per current guidance.
- Correct procedures were being followed to support people to have visitors safely.

Using medicines safely

- People were supported to take their medicines in a way they preferred. However, we found some concerns around documentation.
- We saw in people's care plans they were advised to take over the counter medicines for pain relief and allergies. However, there was no guidance in place for staff to know when to administer these and there was no documentation for them to record when they had been administered. As staff knew people well there was no negative impact for people.
- We found prescribed creams which did not have open dates on them and had been prescribed over two years ago. The provider confirmed these were not in use and followed the process to dispose of these safely.
- One person had their medicines kept in their room, there was nothing in place to ensure they were being stored at the right temperature to ensure they remain safe to use. We raised this with the provider who gave

assurances this would be rectified immediately.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- , There was no clear system or process in place to record, investigate, report, analyse and learn from incidents or safeguarding concerns. We discussed this with the provider who said they would review this.
- Staff knew how to protect people from the risk of abuse and knew how to escalate any safeguarding concerns.
- People we spoke with felt safe within the home. They were kept safe from avoidable harm because staff knew them well.

Assessing risk, safety monitoring and management

- Risks associated with people's safety and individual medical needs were assessed and managed well.
- People had clear assessments in place for staff to support them safely in different environments. This meant people were supported to live unrestricted lives.
- Everyone had a personal emergency evacuation plan, that provided clear guidance for staff. The home had also implemented 'grab bags' to ensure essential information and items were quickly available in an emergency.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.
- The service helped keep people safe through formal and informal sharing of information about risks. For example, we spoke with a professional who worked with the service who said that any vital information was shared. Relatives said they and their loved ones were involved in care planning and reviews, which included reviewing risk.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Not everyone was being supported in a way that enabled them to have choice and control in their daily lives. There was service user day structure in place, and we observed set routines were in place for all people living in the home. For example, everyone was asked to return to their rooms after lunch so the staff could eat their lunch and there were set times for drinks. It was not clear if these routines had been assessed to be in all individual's best interest to meet their specific needs. This did not support people's rights.
- 'Hygiene books' were in place. The Nominated Individual stated these were to record what had been worn on the day to ensure people were not wearing dirty clothes. However, we found these were being completed several days in advance, it was unclear if people had been included in these choices. We raised this with the Nominated Individual, and they assured us these books would immediately be reviewed.
- People's individual needs were not assessed against nationally recognised tools. For example, the Malnutrition Universal Screening Tool (MUST) which is used to establish nutritional risks was not used.

We recommend the provider reviews the culture and routines within the home and ensure they are in individual people's best interests and are meeting current guidance and principles for supporting people with learning disabilities.

- People's care plans were detailed and personalised with their individual needs and choices. People, and those important to them were included in their care plan reviews.

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Staff support: induction, training, skills and experience

- Training records showed not all staff had been supported to be trained in areas that would be considered as required for the role. For example, safeguarding, infection control, epilepsy, diabetes, autism awareness and wound care. We raised this with the provider who stated they were assured staff had all the relevant training, apart from the newest members of staff, it was just the records did not reflect all staff training.
- Staff we spoke with said they had received training relevant to their role and felt they had been supported to develop their skills and knowledge.
- Staff we spoke with said they had enough support and had completed an induction which included shadowing experienced members of staff to ensure people had the opportunity to meet new staff before being supported by them.

needs.

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

- People were supported to eating and drinking needs.
- People were supported to prepare their own meals in their preferred way. We observed people being offered a choice of sandwiches to prepare for lunch. A review of 'Service User meeting notes' showed people were included in meal planning.
- We spoke with people's relatives who were happy with the support their loved ones received around meals and drinks. One said they had "lots of food and drinks choices." Another told us, "[Person] has enough access to food and drinks, [staff] always ask [person] what they want to eat, there's never been a problem with [person's] diet and drink."
- People had drinks and meals at set times, although staff said people were able to have them throughout the day, we did not observe this happening on the day of inspection.

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.

- At the time of the inspection nobody was under DoLS.
- We found some instances where it was not clear that decisions were always being made in people's best interest or had been made without the relevant documentation being completed. For example, in people's coronavirus risk assessment there was this statement, "All service users are to be double vaccinated." There were no records in place to evidence people had the opportunity to consent to this decision.
- We reviewed training documentation, and this indicated only two staff had completed MCA training, however the provider stated they were assured their staff were trained in relevant areas.

We recommend the provider ensure all staff have completed relevant training and all decisions that are being made on behalf of someone are being assessed and documented in line with legislation.

- Where decisions had been made in people's best interests and relevant documentation was in place. Relative told us they were included in decisions, a relative said, "Staff always ring me so I can be included in decisions."

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

- Staff supported people to live healthier lives and access required healthcare services.
- People had traffic light assessments in place which were used by health and social care professionals to support them in the way they needed. These documents clearly summarised people's vital information including essential medical information and detailed how best to communicate with them.
- People were supported to attend annual health checks, screening and primary care services.
- People were referred to health care professionals to support their wellbeing and help them to live healthy

lives, although the nominated individual had said this had been increasingly more difficult during the pandemic.

- Relatives told us they were kept updated on people's health conditions and appointments. A relative said, "[Person's] care is second to none, [staff] are looking after [person] and meeting all their needs."
- We reviewed records and saw staff documented observations, such as blood pressure to assist healthcare professionals. We did note on the hydration charts there was no scale, for example it would say one glass however it didn't indicate the size of the glass, this meant a healthcare professional checking the chart would not know exactly how much the person had to drink.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's needs.
- The provider had invested in the home to ensure they were meeting people's needs, particularly throughout the pandemic. This included adding an extension to the building to enable people to continue to have visitors in a safe way.
- A log cabin in the garden had been utilised as a bar and gym area for people to maintain a sense of normality when places in the community had been closed.
- A relative described it as, "A lovely well-presented home."

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 remained the same. 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; Continuous learning and improving care

- At the time of the inspection there was no manager at the home and there had not been a consistent manager in the role for a number of months. The nominated individual had taken over some management responsibilities and was actively recruiting to the position.
- Without a manager effective auditing and quality monitoring processes were not in place. For example, a medicines audit had been in place and completed regularly however this had not picked up the concerns we found around prescribed creams. There had been no effective monitoring around use of PPE or an audit specific to infection control.
- There was no clear system in place for investigating incidents and in turn improving care provided. Whilst the nominated individual was able to provide one example where a lesson had been learnt, they acknowledged there was no clear process for investigating, recording and reporting incidents.
- Policies were not being effectively reviewed. For example, the COVID-19 policy did not reflect latest government guidance and the provider was not fully aware of what the 'COVID-19: how to work safely in care homes' guidance included. Nationally recognised tools and best practice guidance had not been implemented.

The provider failed to ensure effective systems and processes were in place to assure themselves of the quality of service and care being provided. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not met some of their regulatory requirements, for example they had not had their last CQC rating on display within the home or on their website. We raised this with the nominated individual who rectified this immediately. We were also not assured statutory notifications were being submitted, for example we found evidence of one safeguarding referral that CQC had not been notified of.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

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

- People and their relatives spoke highly of the service and of the staff. A relative said, "Staff are always very friendly and chatty, and they keep me informed." A person told us, "I like all the staff, they are all nice" and "they speak to me nicely and beautifully."
- People and their relatives were included in care plan reviews to ensure they were personalised. A relative said, "Family have input, we have just had a family review, we were invited to go and speak all together. They listen to us 100%."
- Staff felt supported by the provider. Staff said, "It's a lovely place to work, I can't fault [the provider]. I have no qualms going to [provider], anything I would discuss I feel they would listen."

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; Working in partnership with others

- Relatives said there had not been any incidents which would require the provider to act on the duty of candour. However, they were confident the provider would be transparent as staff have always contacted them and kept them updated on different situations.
- People were supported to attend organisations within the community. A professional at one of these described to us the good communication between the provider and themselves, they said, "Staff always keep in touch and keep us updated, particularly if there are any concerns."
- The provider had not made available information for people to get in touch with advocacy organisations if they wished to do so. Advocates help give people using services a voice and help people improve their wellbeing.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that was practicable to reduce the risk of infection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have effective systems and processes in place to assure themselves of the quality of service and care being provided.