

Flightcare Limited

# Orchard Residential

## Inspection report

St. Mary's Road  
Huyton  
Liverpool  
Merseyside  
L36 5UY

Tel: 01514806056  
Website: [www.flightcare.co.uk](http://www.flightcare.co.uk)

Date of inspection visit:  
10 February 2022

Date of publication:  
28 February 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

### About the service

Orchard Residential is a 'care home' providing accommodation, nursing and / or personal care for up to 26 older adults; some of whom lived with dementia. At the time of the inspection 18 people were living at the home.

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

Management of risk and safety monitoring had improved. People received safe, timely and effective care that was centred around their support needs. Care records contained up to date, consistent and relevant information that staff needed to know and risks were regularly reviewed, evaluated and followed up on when needed.

Improved medicine management processes had been identified. Medicines were safely stored and temperature checks were routinely taken, PRN ('as and when required' medicines) protocols had improved and controlled drugs were safely managed and administered in accordance with medication administration policy.

Infection prevention and control (IPC) measures, procedures and processes had improved. Staff were engaged in the required COVID-19 testing regime, all visitors were screened for symptoms of COVID-19 and Government guidance and best practice in relation to PPE was followed.

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.

Staffing levels and the deployment of staff was closely monitored. People received support from a consistent staff team who were skilled, experienced and competent to provide the level of care they needed. Staff received regular supervision and were supported with the necessary learning and development opportunities.

Recruitment procedures had improved and new processes had been implemented. Pre-employment recruitment checks were carried out and people received care and support from staff who had been appropriately vetted.

Overall quality assurance and governance measures had improved. The quality and safety of care was routinely monitored, the provision of care was assessed and improvements were being identified. A new manager had been appointed following the last inspection. They were aware of their regulatory roles and responsibilities and understood the importance of delivering safe, high-quality, person-centred care. We received positive comments about the improved provision of care people received.

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 and update

The last rating for this service was 'inadequate' (published 4 November 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in special measures since November 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as 'inadequate' overall or in any of the key questions. Therefore, this service is no longer in special measures.

#### Why we inspected

We undertook this focused inspection to check whether the breaches of regulations and warning notice we previously served in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, had been met.

The focused inspection reviewed the key questions of safe, effective and well-led only. 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.

We looked at IPC 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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has improved to 'requires improvement'. 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 Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will work alongside the provider and local authority to monitor progress and continue to monitor information we receive about the service until we return as per 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** ●

# 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.

As part of this inspection we looked at the infection prevention and control measures in place. This was conducted so we could 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 was carried out by two inspectors.

#### Service and service type

Orchard Residential is a 'care home'. People in care homes receive accommodation, nursing and / or personal care as a single package under one contractual agreement. The Care Quality Commission (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 at the time of the inspection. 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. A manager had been recruited and had submitted all necessary registration application forms to CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from the local authority who work with the service. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the five people who lived at the home, four relatives about their experiences of care their loved ones received, interim manager, regional manager, one deputy manager and five members of staff.

We reviewed a range of records including three people's care records, multiple medication administration records, and four staff personnel files in relation to recruitment. We also reviewed a variety of records relating to the management and governance of the service, including policies and procedures.

#### After the inspection

Due to the impact of the COVID-19 pandemic we limited the amount of time we spent on site. A variety of records and documentation was sent to us electronically, these were reviewed remotely following the inspection visit. We looked at policies and procedures, quality monitoring and staff training records.

We continued to seek clarification from the provider to validate evidence found.

# 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 'inadequate'. At this inspection this key question has improved to 'requires improvement'. This meant people's safety had improved. However, many of the improvements were recent and needed to be embedded and sustained over a longer period to achieve a rating of good.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The assessment of risk, safety monitoring and management measures had been effectively implemented people were no longer exposed to risk.
- People's support needs were regularly evaluated, areas of risk were routinely reviewed and measures were put in place to mitigate risk. For instance, we saw evidence of falls, nutritional, choking and skin integrity assessments. All of which enabled the staff team to monitor any changes in a timely manner.
- Health and safety checks were routinely completed and provided assurances that people were living in a safe and well-maintained environment. For instance, fire safety checks, water temperature checks and window restrictor checks were completed accordingly.
- Regulatory compliance reports and certificates were in place, we also saw evidence that areas of improvement had been addressed. For instance, remedial actions that were identified in the fire risk assessment which was conducted in August 2021 had been completed.

### Preventing and controlling infection

At our last inspection the provider had failed to ensure there were safe systems and measures in place to protect people from harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improved IPC arrangements and procedures were in place.
- We observed significant improvements of the internal and external environment. The home was clean, hygienic and inviting. Communal areas and facilities were well-maintained and we were provided with

evidence of routine cleaning schedules and audits that were being completed.

- Staff were engaged in routine COVID-19 testing regimes, signs and symptoms of COVID-19 were monitored amongst staff, visitors and people living at the home and visitors were required to demonstrate a negative test before entering the home.
- Staff and visitors were observed wearing the appropriate PPE
- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

### Using medicines safely

At our last inspection the provider had failed to ensure safe medication practices and arrangements were in place. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Safe medicine administration procedures and policies were in place.
- Staff received the necessary medication administration training and regular competency checks were completed.
- Medication policies were complied with. For instance, medicine temperatures were routinely monitored, controlled drugs were safely managed and 'as and when' (PRN) protocols had improved.
- Routine medication audits were taking place; this ensured staff performance and administration compliance was effectively overseen.

### Staffing and recruitment

At our last inspection the provider failed to ensure robust recruitment procedures were in place This was a breach of regulation 19 (Fit and Proper Person's employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Safe recruitment procedures were in place and staffing levels were appropriately monitored and managed.
- The appropriate pre-employment recruitment checks were conducted, providing assurances that staff were safely vetted before providing care and support to people living at the home.
- Minimal agency staff were utilised which meant that a consistent staff team were providing care to people they familiar with.
- Staff told us that staffing levels had improved since the last inspection which had made a significant difference to the morale of the team.

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

- Improved systems and processes meant that people were safeguarded from abuse and protected from harm.
- 86% of staff had completed safeguarding training.
- Effective and robust accident / incident reporting procedures were in place. Investigations were

completed and lessons were learnt.

# 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 'inadequate'. At this inspection this key question has improved to 'requires improvement'. This meant that people were receiving an effective level of care. However, many of the improvements were recent and needed to be embedded and sustained over a longer period to achieve a rating of good.

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.

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.

At our last inspection the provider failed to ensure they were complying with the MCA (2005) principles. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Principles of the MCA (2005) were complied with.
- People received the safest level of care in the least restrictive way possible.
- Care records contained mental capacity assessments, best interest decisions that had been agreed and the relevant DOLs applications / authorisations.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to ensure suitable numbers of trained, competent or experienced member of staff were deployed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 18.

- Robust induction procedures were in place; staff were supported with development opportunities, encouraged to complete required training and received regular one to one supervisions.
- Skilled, competent and experienced staff were suitably deployed across the home, ensuring people received the most effective level of care.
- Staff training had improved. Overall compliance was 81% and this was improving on a weekly basis.
- All staff told us they felt supported and the manager was visible and approachable. Staff said, "I've been well supported", "There's been definite improvements, I feel supported in my role" and "We're all in a better place."

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

- People's needs, and choices were assessed and delivered in line with standards, guidance and law.
- People received personalised care that was provided by staff who were familiar with their wishes and preferences. Relatives confirmed that staff knew their loved ones well and delivered the level of care and support they needed.
- Care records and feedback we received indicated that people were supported to make decisions, were involved in the care they received and encourage to share their views about the quality and safety of care being provided.

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

- People's nutrition and hydration support needs were assessed; an effective level of care was provided based on the level of need that had been assessed.
- People's dietary care plans were up to date, regularly reviewed and risk assessments were routinely completed. People received timely and effective care by staff who were monitoring and assessing their needs on a daily basis.
- People's care records contained information about food / drink preferences, likes and dislikes. Meal options were offered, alternative meals were accommodated, and people were offered a variety of snacks 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

- People received a holistic, consistent and timely level of care that enabled them to have a better quality of life.
- Care needs and risks were routinely assessed, consistent staff were responsive to people's needs and referrals were made to external healthcare professionals in a timely manner.
- Care records contained relevant guidance that staff needed to follow and were familiar with people's support needs and areas of risk that needed to be effectively managed.

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

- Service design, adaptation and decoration had improved since the last inspection.
- There was a refurbishment project underway, communal areas had been redecorated and the home appeared warm, inviting and well-maintained.

# 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 'inadequate'. At this inspection this key question has improved to 'requires improvement.' This meant the service management and leadership had improved. However, the improvements were recent and needed to be embedded and sustained over a longer period to achieve a rating of good.

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

At our last inspection the provider failed to ensure there were effective governance and quality assurance measures in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A new manager had been appointed since the last inspection; they were aware of their regulatory roles and responsibilities and the importance of complying with The Care Act regulations.
- Staff demonstrated confidence in their roles, were supported to enhance their skills and understood the importance of providing personalised, high-quality, compassionate care.
- Effective quality assurance and governance measures meant that risks were effectively managed, people were protected from harm and the quality and safety of care was routinely monitored and improved upon.
- Lessons had been learnt since the last inspection, breaches of regulation had been met and there was an acknowledgement that systems and processes needed to be significantly improved as a measure of improving the quality of care people received.
- A greater level of oversight meant that the provision of care was continuously monitored and managed, areas of improvement were addressed in a timely manner and audit tools and checks were regularly completed.
- Notifiable incidents were reported to CQC in a timely manner, ratings from the previous CQC inspection were displayed at the service and visible on the providers website.

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

- A positive and inclusive approach to care had been achieved; an improved culture and ethos to person-centred care meant that people's quality of life had been enhanced .
- A consistent staff team meant that areas of risk were monitored, support needs were routinely assessed and people received care that was centred around their needs, wishes and preferences.
- Relatives told us that they felt their loved ones were safe, received an effective level of care and were

empowered to make decisions. One relative told us, "I feel [relative] is safe, independent, staff are respectful, staff know [relative] well and everything is in place in [their] room."

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

- The home engaged and involved people using the service; they sought feedback about the provision of care being delivered.
- The manager had improved relations and lines of communication with staff, people and relatives. One relative told us, "Staff will communicate with me, they do keep me informed and [relative] is supported to maintain contact with me."
- Staff told us they felt supported, valued and involved in the delivery of care. Staff said, "It's a lovely place [to work], I've been supported" and "The manager has changed a lot for the better, everyone is a lot happier. There are staff meetings, there are handovers, there's definite improvements."
- During the height of the pandemic, people were supported to maintain contact with their loved ones, regular updates were provided to relatives over the phone and safe measures were put in place to ensure face to face visits could still take place.

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.

- The manager was aware of the duty of candour responsibilities.
- Open, honest and transparent methods of communication were effectively in place. Relatives confirmed that they received regular updates from the home about their loved ones.
- Incident reports were completed, investigations were carried out, lessons were learnt and outcomes were provided.
- The home worked collaboratively with healthcare professionals such as mental health teams, local GP's and community matrons. There was also good links with the local authority commissioning and safeguarding teams.