

# Orchard Residential Care (2) Limited

## Cantley Grange

### Inspection report

St Wilfrids Road  
Cantley  
Doncaster  
South Yorkshire  
DN4 6AH

Tel: 01423859859

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Requires Improvement</b> ●
Is the service responsive?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

The inspection took place on 30 October 2018 and was unannounced. The provider registered with the Care Quality Commission (CQC) in February 2018. This was the first inspection under a new registration.

Cantley Grange is a care home. People living in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Cantley Grange can accommodate up to 40 people. At the time of our inspection 34 people were using the service.

At the time of our inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks associated with people's care and treatment were not always identified or managed safely. This put people at risk of not receiving the right support to meet their needs.

We completed a tour of the home with the registered manager and found that some environmental risks which had not been identified prior to our inspection.

Accident and incident analysis was not taking place effectively and there was no evidence that trends or patterns were being identified, or that actions had been taken to reduce hazards in relation to people's care.

The provider had a system in place to safeguard people from the risk of abuse. Staff told us they received training in this subject. Staff we spoke with were not always confident that appropriate actions were taken when safeguarding concerns were raised with the registered manager. During this inspection we identified one safeguarding concerns which was reported to the safeguarding authority. This concern has since been looked in to and no further action was required.

The provider had safe arrangements in place for managing people's medicines. However, we found some people were prescribed medication to be taken on an 'as and when' required basis known as PRN (as required) medicine. We found that PRN protocols were not in place. PRN protocols are used to guide staff in how these should be administered.

On the day of our inspection we observed people having to wait to be assisted with personal care. Staff told us that there had been a high level of agency staff used and they felt this had impacted on people who used the service.

The provider ensured that staff received training and support to carry out their role. Staff told us they received one to one supervision sessions with their manager, to discuss work related issues.

People's needs and choices were assessed but care and treatment was not always delivered in line with current legislation and standards. Care records did not clearly evidence if people's needs were being met. People mainly had access to healthcare professionals, however there were occasions where this was delayed or did not happen.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service were designed to offer people maximum choice.

People received support to maintain a balanced diet. Meals provided were nutritious and looked appetising.

We spent time observing staff interacting with people and found they were kind and caring in nature. However, staff did not always recognise when people needed support.

We found people did not always receive care that was responsive to their needs. Care plans we looked at were not always followed in line with people's current needs. People's choices for their end of life care had been considered and staff were able to describe how they met people's needs at this stage of their life.

The provider had a complaints procedure which was displayed in the main reception of the home. We saw the registered manager kept a log of complaints which evidenced that appropriate actions had been taken.

Audits were in place to ensure the service was operating to the providers expected standards. However, audits were not always effective and did not identify the concerns we had raised as part of this inspection. Some concerns were highlighted as part of the audit process but there was no evidence that sufficient action had taken place to correct them.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in; Regulation 9; person-centred care, Regulation 12; safe care and treatment, Regulation 13; safeguarding, Regulation 17; good governance. You can see what action we told the provider to take at the back of the full version of the report.

## 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.

Risks associated with people's care and treatment were not always identified or managed safely.

Accident and incident analysis had not taken place and there was no evidence that trends or patterns were being identified and actions taken to reduce hazards in relation to people's care.

The provider had procedures in place to ensure safe arrangements were in place for managing people's medicines. However, PRN protocols were not in place.

Staff were knowledgeable about safeguarding people from abuse, but were not always confident that appropriate actions had been taken.

The provider had a safe recruitment system in place.

There were enough staff available to meet people's needs, however, some people had to wait to be assisted with personal care.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

The provider ensured that staff received appropriate training and support to carry out their role.

People's needs and choices were assessed but care and treatment was not always delivered in line with current legislation and standards.

The provider was meeting the requirements of the MCA 2005.

People did not always have access to healthcare professionals.

People received support to maintain a balanced diet. Meals provided were nutritious and looked appetising.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

We spent time observing staff interacting with people and found they were kind and caring in nature. However, staff did not always recognise when people needed support.

We saw staff respected people's privacy and dignity when offering support.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

We found people did not always receive care that was responsive to their needs.

People's choices for their end of life care had been considered.

The provider had a complaints procedure which was displayed in the home.

**Requires Improvement** ●

### Is the service well-led?

The service was not well led.

Audits were in place to ensure the service was operating in line with the providers expected standards. However, audits were not always effective and did not identify the concerns we had raised as part of this inspection.

The registered manager held meetings with people who used the service and their relatives to offer a forum where discussions could take place.

**Requires Improvement** ●

# Cantley Grange

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 30 October 2018 and was unannounced. The inspection was carried out by two adult social care 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 service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We did not ask the registered provider to submit a provider information return [PIR] on this occasion. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We spoke with seven people who used the service and three relatives of people living at the home. We spent time observing staff interacting with people.

We also 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 spoke with staff including care workers, senior care workers, the cook, the registered manager, and the improvement manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

# Is the service safe?

## Our findings

Risks associated with people's care and treatment had not always been identified and managed safely. This meant agency workers, or new staff who were not familiar with people, may not have access to all the information they needed to support people in line with their needs. For example, one person had a risk assessment in place regarding the use of a hoist. However, this lacked sufficient information to ensure this was done in a safe way. Staff were reliant on their memory to safely move the person, rather than clear instructions being available. Another person had no care plan or risk assessment on the use of a catheter, there were no instruction how to complete specific procedures necessary for the safe maintenance of the catheter to minimise infection. One person's care plan stated that any meat they ate needed to be blended. However, the person had not been assessed by a Speech and Language Therapist (SALT) to ensure this was the most appropriate way to support the person to meet their needs. We discussed these concerns with the registered manager who agreed to refer the person for a professional assessment of their eating and drinking and said they would ensure more detailed information would be recorded in care plans and risk assessments.

We also saw that people's records contained a personal emergency evacuation plan (PEEP). This was a document to inform staff of how people needed to be supported in the event of an evacuation. We found these were not always up to date with correct information. For example, one person's PEEP indicated they were fully mobile, while their care plan stated they required the use of a hoist and two staff to mobilise. This meant that the person could have been put at risk. We spoke with the improvement manager who resolved this on the day of our inspection. However, a reviewing process needed embedding in to practice to ensure PEEPs contained current information.

Accident and incident analysis was not taking place and there was no evidence that trends or patterns were being identified and actions taken to reduce hazards in relation to people's care. One person had fallen seven times since May 2018 but this had not been identified on the accident and incident audit. Some action had been taken to minimise the risk, but the person's care records had not been updated and no referral made to healthcare professionals.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider was not doing all that was reasonably practicable to mitigate risks associated with people's care and treatment.

We found there were at times a shortage of staff available to meet people's needs. We saw people asking to use the toilet and staff that were too busy and unable to assist them. Staff told us there had been a high use of agency staff and they felt this had a knock-on effect on them delivering care, especially when the agency staff were new to the home and didn't know people. Staff we spoke with were very frustrated that they were unable to meet people's needs. Staff were aware they were becoming task orientated in providing care and support, one staff told us, "It's difficult to spend quality time with people, especially when you don't have regular staff and you having to explain things to agency staff." Another care worker said, "Before we started using agency staff the staffing levels were poor but even the use of agency has an impact on what we can do,

we have to spend time with new agency and this takes the time away from what we should be doing."

People we spoke with gave mixed comments regarding staff being available to meet their needs. Some people felt they were supported in a timely manner whilst others told us they had to wait a while for staff to assist them.

We spoke with the registered manager about staffing and was informed the service had a dependency tool which was used to allocate number of staff required based on the level of dependency. The registered manager told us this was reviewed when people's needs changed or if there was a change in occupancy. The dependency tool was based on service user need not numbers of people living at the home. The registered manager felt the provider would make more staff available if they could demonstrate this was needed.

The provider had systems in place to maintain people's safety. Staff were trained in safeguarding and had good knowledge of the signs of abuse and how to report safeguarding. However, we saw during our inspection we raised two concerns which had not been reported or investigated. We asked the registered manager to make a referral to the safeguarding authority. This concern has since been looked in to and no further action was required.

We spoke with people who used the service and they told us they didn't always feel safe living at the home. One person said, "I don't feel safe in here, I don't have a hearing aid so I don't know what's going on." Another person said, "I don't feel very safe, I'm blind and don't have a buzzer so if I have to shout if I need help or to go to the toilet." However, we received more positive comments from other people, such as, "I feel very safe, they [staff] are kind," and "Staff are kind I feel safe."

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always protected from the risk of abuse.

People were not adequately protected against the risk of infection. We found that some areas of the home were not kept clean. During a tour of the building we found two kitchen areas in need of a deep clean, food debris was embedded on wall tiles, cupboards and skirting boards. During our inspection the registered manager asked domestic staff to clean these areas. The kitchen areas were also placed on the night staff cleaning rota to ensure they were cleaned on a regular basis.

We found a malodour from one corridor, which was coming from a very stained, dirty bedroom carpet. This was brought to the attention of the registered manager who was aware of the odour but had failed to address the problem. It demonstrated people's needs with regards to continence support were not always met, and the risk infection had not been minimised. Following our inspection, we received confirmation that this carpet would be replaced. This had been agreed in consultation with the person.

Staff were observed to wear appropriate personal protective equipment such as gloves and aprons when needed, for example when serving food. There were suitable and sufficient hand washing facilities available, such as hand wash and paper towels.

A thorough recruitment and selection process was in place. These included references from previous employers, identity checks and a Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people working with vulnerable people.



We looked at staff recruitment files and found they contained all the relevant checks. Staff told us that they completed an induction when they commenced work for the provider. This included training and working alongside experienced staff while they got to know people who used the service.

## Is the service effective?

### Our findings

The provider ensured that staff received training and support to carry out their role. The registered manager kept training records up to date which showed staff had received training in areas such as moving and handling, safeguarding, food hygiene, and infection control. Staff told us the training provided was worthwhile and kept them up to date. However, during our inspection we identified concerns around infection control, moving and handling and safeguarding, therefore training was not always effective.

Staff also told us they received appropriate supervision sessions. These were one to one sessions with their line manager to discuss work related issues. We also saw that staff received annual appraisals of their work to ensure training and development requirements were identified.

People had access to healthcare professionals and staff knew what to do in the event of a person's health deteriorating. One staff said, "Health professionals are involved, we let management know when people need to see a doctor or a nurse and they then contact them." However, we found that people had not been referred to the SALT team where they were having problems with eating meals. We found a lack of appropriate records to show what professional advice had been given for some health conditions. Another person who had fallen frequently had not been referred to the falls team.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Cantley Grange had assessed people's capacity and made appropriate referrals to the local authority for DoLS authorisation.

People received a varied and nutritious diet in line with their individual needs. Information about people's needs, likes and dislikes in relation to food was gathered and passed onto the catering team who then catered for people accordingly. Drinks and snacks were available throughout the day and staff encouraged and supported people to take fluids outside of mealtimes. We saw that there was access to fresh fruit, cakes and biscuits available to people. One person told us, "The food is nice, there is always something nice that I like." People we spoke with told us that there was a good choice of food on offer. One person said, "I choose what I want to eat, I'll always choose the same meals because I know what I like."

We observed lunch on the day of the visit and saw staff engaging with the people having their meals, ensuring that when they spoke to people they were at eye level with them. We observed staff asking people if they were ready to move to the next stage in their meal and explaining what was to come next. We observed one person, who was reluctant about eating anything being positively encouraged to try some of the meal.

We spoke with a healthcare professional on the day of our inspection who felt the care staff were completing care plans better and that staff worked as a team and reported issues of concern appropriately. They said, "Staff take on board my advice. I do a visit every week and check if there are any issues with people. Today the manager asked me to look at one person who had deteriorated and I have advised staff."

## Is the service caring?

### Our findings

Staff had not always supported people to maintain their appearance in line with their needs and choices. We spoke with staff who were knowledgeable about people's needs and aware of how people like to be dressed and their favourite routines. However, some people had not been appropriately supported. For example, we saw one person's spectacles were very dirty and when we asked the person if they would like them cleaning, they smiled and staff cleaned them. This person's care plan gave information that this person's spectacles should be cleaned regularly.

We also identified on inspection that one person's bedroom required attention as their room had a strong odour which had not been addressed and was compromising the persons dignity. Following our inspection, the provider confirmed that appropriate action had been taken to resolve this issue.

However, we observed most people were treated with dignity and respect. Staff were seen to quietly ask one person if they needed assistance with using the bathroom without drawing attention to them and respecting their privacy.

We spoke with staff who knew how to maintain people's privacy and dignity. One staff member said, "It's all about the residents, listen to them and involve them in their care. It's not what's best for staff but what is best for the person. When delivering personal care, I cover the person with a towel and preserve their dignity. Getting to know people is important when delivering personal care."

People gave a positive response when we asked if the staff were kind towards them. One person told us, "They look after me the best they can, if I need them they come." Our observations identified caring interactions between people and the staff who supported them. Staff were seen to talk to people in a kind manner whilst carrying out their duties. Where people became distressed staff knew how to support them to allay their fears or worries.

We observed staff talking with people in the lounge and there was some friendly and appropriate banter between them. It was clear that people enjoyed this as they were smiling and laughing in the company of the staff.

## Is the service responsive?

### Our findings

People didn't always receive care and support that was responsive to their needs. The registered manager told us they had introduced an electronic recording system which stored all care plans and daily records. Some of the care records on the top floor of the home, where still in paper format, as they had not yet been transferred to the electronic system, however all care records had been transferred on the lower floor. We looked at care plans from both floors and found they were all lacking in detail and were not responsive to people's individual needs. For example, one person had been seen by a healthcare professional and specific advice had been given to staff on how to support them. This advice was not contained within the person's care plan.

Another person's care plan we looked at contained only very brief details and did not give staff adequate information to be able to meet their needs. For example, the person used a stand aid and hoist and could weigh bare for a short amount of time. The care plan didn't show the person suffered from dizzy spells which could have an impact on their mobility, or what loop configuration to use when using the hoist. Staff told us they relied on memory to know people's support needs and recognised the care plans didn't contain enough details.

Another person had a care plan in place for mental state and cognition which stated they had vascular dementia and could be verbally aggressive towards staff. The care plan did not guide staff in how to support the person, it only told the reader how the person presented. There had been no monitoring completed to ascertain what may trigger the persons aggression. Care plan evaluations repeatedly stated that person has been aggressive, but there was no evidence of how this had been addressed.

Staff used the electronic system to record people's daily records and at interval throughout the day, however when we looked at one person's notes we found that they did not accurately show when their personal care needs had been met or when they had had food and fluids. We discussed this with the registered manager who said this was caused by a dip in the providers internet connection. We asked staff about this and they felt it made it difficult for them to know which person needed what assistance because the record was not up to date when they referred to it, due to the delay in the record uploading.

We observed a person asking staff if they could take them to the toilet, staff were busy doing other tasks and they told the person they would be back soon. However, we observed the person asking another two members of staff to take them to the toilet as they couldn't wait, the person was getting distressed and we had to intervene to ask staff to take the person straight away.

Activity schedules were in place and displayed on the day we inspected. However, we found little evidence of person-centred activity planning and observed no one to one activities taking place on the day we visited. We observe people sleeping in communal lounges. We heard pop music playing on a radio in a communal lounge, this was turned off but no alternative station was put on and nobody was asked if they didn't want the music on. Lack of any meaningful, purposeful, stimulating and appropriate activities was likely to be having a significant impact on people's health and well-being.

People we spoke with commented that there was not much to do at the home. One person said, "I liked to read, but there isn't anything to read. There is nothing to do here." Another person said, "Sometimes I play dominoes, I'm good at that but we don't play very often." Another person said, "I miss having someone to chat to, the staff are too busy."

This is a breach of regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. People did not always receive care which was person-centred and met their individual needs.

At the time of our inspection no one was being supported at the end of their life. Staff were able to describe how they would care for people at their end of life. They told us they would make sure that the person was cared for in line with their cultural wishes and in a dignified and sensitive way. Staff explained that they had previously supported people at the end of life and had ensure the persons relatives were able to visit them as often as they wanted and had allowed a relative to stay in the home to be close to their family member in their last days.

The provider had a complaints procedure which was displayed in the main entrance of the home. The registered manager kept a complaints record which demonstrated that appropriate actions had been taken when complaints had been received. Since our last inspection three complaints had been received.

We spoke with people who used the service and their relatives about raising concerns and they felt it would be difficult to tell the registered manager but would speak with care workers.

## Is the service well-led?

### Our findings

At the time of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management team consisted of the registered manager, two deputy manager's and senior staff. Staff we spoke with were not always confident the registered manager would follow up concerns or feedback they gave on the service. One staff said, "The manager doesn't often come onto the upper floor, and I don't feel concerns are listened to when we raise them." Another staff said, "I think the manager is unapproachable, I don't have confidence she keeps confidentiality and I certainly don't feel I can raise things." They told us that staff were supportive of each other and worked well together as a team but lots could be done to improve the management of the service.

Staff raised concerns that they did not feel safeguarding incidents were always taken seriously and reported appropriately. One member of staff told us they didn't think the registered manager always acted appropriately to refer concerns, they said the issue raised on inspection had only been reported because CQC were there. They went on to say that they felt people were safe but they lacked confidence that the registered manager would act on concerns raised.

Audits were in place to ensure the service was operating to the providers expected standards. However, audits were not always effective and did not always identify the concerns we had raised as part of this inspection. For example, the infection prevention and control audit was last completed by the registered manager on 4 October 2018. General environment achieved a score of 95% and other areas such as hand hygiene, PPE, sharps, waste management, decontamination and equipment scored 100 percent. The overall audit rating was green indicating a score of 90 percent and above. The audit did not include the kitchenette areas of the home. On inspection we found these were unclean, had ingrained food debris on them, fridge seals were dirty, skirting boards near dishwashers were ingrained with dirt. This had not been identified on the audit.

The registered manager also completed a daily walk round of the home which looked at resident care, infection control and the dining experience. This was last completed on 29 October 2018, the day prior to our inspection, however the infection control section stated that all was fine and no odours anywhere. We identified an odour on the day of our inspection and other infection control issues, which had not been identified prior to our inspection.

The medication audit completed on 29 September 2018, had not identified that PRN protocols were not in place. Care plan audits and 'resident of the day' system had not identified the lack of information about people's care, for example, no loop configuration. These were particularly important as the home used agency staff and vital information about people's care was missing.

The registered manager also completed an accident and incident audit. However, this had not identified any trends or patterns, although people had fallen on several occasions. The audit did not analyse the amount of times incidents had occurred and no actions were recorded. We spoke with the registered manager and the improvement manager on the day of our inspection. We were told that a system would be put in place to ensure accidents and incidents would be monitored effectively.

The provider had systems in place to involve people who used the service and their relatives. We saw 'resident questionnaires' were completed monthly, and focused on a specific topic. For example, meals, laundry and care. We also saw that relatives were sent a questionnaire every six months. Following receipt and analysis of these a relatives meeting was held to discuss the results.

However, we received negative comments from people who used the service and their relatives who did not feel involved in the service and did not feel their opinion was valued. One person said, "I'm never asked my opinion, and I've never been to a meeting." One relative said, "They [staff/manager] don't have meetings very often. I have never had any minutes from meetings and I've never done a survey."

This is a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Systems in place to monitor the service were not always effective.



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 9 HSCA RA Regulations 2014 Person-centred care  People did not always receive care which was person-centred and met their individual needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider was not doing all that was reasonably practicable to mitigate risks associated with people's care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  People were not always protected from the risk of abuse.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems in place to monitor the service were not always effective.