

Baybury Limited

The Orchards Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection of this service on October 8 2014. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this unannounced focused inspection on 30 April 2015 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those

requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Orchards Care Home on our website at www.cqc.org.uk

A registered manager was 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.'

Summary of findings

However as both the home manager and registered manager had other responsibilities outside of the service, we were concerned about the lack of consistent management support to the home.

Improvements had been made to the medicine management system, for example medicines were now stored appropriately and risk assessment documentation put in place. However, there were still some inconsistencies in the way medication support was documented. For example the reasons people did not take their medicines was not always robustly documented.

Risks to people's health, safety and welfare were appropriately managed with risk assessments now relevant to people's needs and were kept up-to-date. Incidents were recorded and investigated to help keep people safe.

Improvements had been made to key safety aspects of the service. Disabled access had been installed and fire and trip hazards reduced. A range of safety checks were undertaken to ensure the premise was safe. The décor was tired in some areas of the home. For example some areas had damaged and scuffed door frames, and some wallpaper was peeling from the walls.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and care

plan documentation showed care was planned to take into account people's choices and preferences. Staff had a mixed understanding of The Mental Capacity Act (MCA) and DoLS and we found some staff were overdue training updates in this area.

A new approach to care planning had been introduced by the home manager and we found this was a significant improvement. Documentation demonstrated people's needs had been assessed with appropriate plans of care put in place to help provide effective and responsive care. Some care plans could have contained more specific information to each individual.

Documentation detailing the care people received had been much improved and provided evidence people's needs were being met. We observed care and saw people were treated appropriately and care was delivered in line with existing plans of care.

Significant improvements had been made to the service demonstrating that management had been effective in driving changes. A range of audits were undertaken and we saw evidence these were regularly identifying issues. We saw the service used these to drive further improvement. For example, new care plan documentation had been put in place following the results of one audit.

Summary of findings

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. We found that action had been taken to improve safety. Risk assessments were up-to-date and reflected people's current needs. This helped staff keep people safe. Improvements had been made to key safety aspects of the premises such as the installation of disabled access and removal of trip and fire hazards. The décor was tired in some areas of the home for example scuffed door frames.

Improvements had been made to the medicine management system. Medicines were stored appropriately and staff demonstrated a good knowledge of how to ensure they were given as prescribed. However further improvements were required to ensure the exact support given to people was consistently documented.

Measures were in place to protect people from harm. Staff had received additional training in identifying and acting on allegations of abuse. We saw evidence that following incidents, safeguarding procedures had been followed to help keep people safe.

Requires improvement



Is the service effective?

We found that action had been taken to improve the effectiveness of care. People's weight was now being regularly monitored in line with the requirements of their care plans and procedures put in place to take action when weight loss was recorded. Care plans demonstrated people's healthcare needs had been assessed.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The registered manager had sought and acted on advice where they thought people's freedom was being restricted. This helped to ensure people's rights were protected.

We could not improve the rating for this domain because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Is the service caring?

This domain was not inspected as part of this focussed inspection.

Good



Is the service responsive?

We found that action had been taken to improve the responsiveness of care. The approach to care planning had been overhauled and clear care plans were now in place which demonstrated people's needs had been assessed in a number of areas. This helped staff to provide appropriate care. However we found some care plans would benefit from more information specific to the individual.

Requires improvement



Summary of findings

Records relating to handovers, and records of care delivered, were much improved. This provided evidence that the service was responding to people's individual needs.

We could not improve the rating for this domain because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

We found that action had been taken to improve how the service was led. Significant improvements had been made to the service following our last inspection in addressing the failures of legal requirements.

A range of measures were in place to assess and monitor the quality of the service. This included checks of audits of care records, medication systems and regularly seeking the feedback of people who used the service. This helped to promptly identify issues and take action to continuously improve the service.

We could not improve the rating for this domain because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



The Orchards Care Home

Detailed findings

Background to this inspection

We undertook a focused inspection of The Orchards Care Home on 30 April 2015. This inspection was to check that improvements to meet legal requirements planned by the provider after our 8 October 2014 inspection had been made. The inspection team checked improvements had been made in all areas where breaches were identified. The inspection was unannounced.

During this inspection the team inspected the service against four of the five questions we ask about service; is the service safe, is the service effective, is the service responsive and is the service well led? This is because the service was not meeting relevant legal requirements in these areas.

The inspection was undertaken by two inspectors and a pharmacist inspector. During our inspection we spoke with

five people who lived at the home, a relative, the home manager and two members of care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of eight people who lived at the home and other documentation relating to the management of the service.

Prior to the inspection, we contacted the local authority to ask them for their views on the service and if they had any concerns. We did not ask the provider to complete a Provider Information Return (PIR). 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. Before the inspection, we reviewed all the information held about the provider.

Is the service safe?

Our findings

People told us they felt safe in the home. For example one person told us, “Staff are lovely, I do feel very safe here,” and another person said, “Yes I feel safe living here, staff are very nice and have a good laugh with us.”

At the last inspection on 28 October 2014 we found medicines were not appropriately managed. People did not always receive their medicines at the times they needed them or in a safe way. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we found improvements had been made to the safety of the medicine management system but there were still some inconsistencies in practice which needed to be addressed. Medicines were stored appropriately and securely in either the medicines trolley or in an approved controlled drugs cupboard. System were in place to record both the receipt of medicines and also the return of any medicines no longer required.

Medicines were observed given in a considerate manner and the care worker explained to each person which medicines they were offered. Medicines were given at appropriate times as prescribed. We observed people were offered ‘as required’ medicines appropriately. For example inhalers or pain relieving medication. Documentation of the support given was appropriately recorded on a Medication Administration Record (MAR).

We did find one person had run out of one of their prescribed medicines. We saw that efforts had been made to obtain a replacement supply of medicines but there had been difficulties in the registering of this person with a GP. However this was resolved during our visit through the efforts of management. Documentation of some aspects of medicine management could have been more robust. One person was prescribed a variable dose of medication. Although staff were clear what the dose should be, looking in their care plan there was no evidence of how this decision was arrived at. We asked the home manager to ensure this was added to the care plan. Although staff were able to describe occasions people had not always taken their medicines this was not always robustly documented. We asked the home manager to address these matters immediately.

Regular medicine audits were carried out. These showed that medication records were regularly reviewed and any shortfalls were identified and appropriate preventative action taken. The time of each medication round was also logged so that the home manager could check whether people were receiving their medicines at the correct time.

Risks to people’s health, safety and welfare were appropriately managed. Up-to-date risk assessments were in place to help manage a range of risks such as falls, pressure areas, nutrition and bed rails. Where individual risks were identified such as distressed behaviours, appropriate plans of care were in place. We looked at one person’s behavioural care plan and it listed triggers to help staff meet the person’s emotional needs and keep them safe.

At the last inspection we found the premises were not managed safely. There was no disabled access in or out of the building, which put people who used wheelchairs at risk. We found some light bulbs were not working and the fire escape was partially blocked with storage. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we found improvements had been made. We undertook a tour of the premises. Rooms were homely and people we spoke to said they liked the homes environment. General décor was tired in a number of areas such as some damaged and scuffed door frames, worn chairs and some wallpaper peeling from walls. However we found improvements had been made to key safety aspects of the building. A purpose built disabled entrance had been installed. This meant there was now safe access and egress for people who used wheelchairs. We found the corridor by the fire exit had been cleared out and a regular documented check put in place to ensure there was always safe access. We identified a broken section of the window on the staircase to the 1st floor, the home manager told us this had been recently damaged by builders and it was going to be repaired as a matter of priority. Following the previous inspection, we saw thermometers had been introduced by the service to monitor the temperature as we previously had concerns about the temperature. We saw the temperatures recorded were on the low side of the recommended range for older people as specified by Public Health England, for example it was 18.2C in the lounge during the inspection and records showed this was typical of recent weeks; however it was warmer within

Is the service safe?

people's bedrooms. We spoke to three people who told us they were warm enough and that if they were cold the service would assist them, for example providing a blanket. One person told us, "I am warm enough, if not I can ask for something to make me warmer." A family member mentioned that any maintenance issues such as broken light bulbs were repaired promptly by the home.

Safety checks were undertaken on the gas, electrical, water and lifting equipment and window restrictors were in place on windows above the ground floor to help keep people

safe. Some fire checks were undertaken but there were no regular check of the emergency lighting. We asked the home manager to ensure this was undertaken immediately.

Procedures were in place to assist staff to respond appropriately to emergencies such as fire. Staff we spoke with demonstrated a good understanding of how to respond should someone become ill and need urgent medical attention.

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the last inspection on 8 October 2014, the home had not met the requirements of the Mental Capacity Act Deprivation of Liberty Safeguards (DoLS). Restrictions on people's liberties had not been considered despite the home restricting people's access out of the building. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During this inspection, we found appropriate action had been taken to meet the requirements of the law. We saw that applications to seek authorisations to deprive people of their liberty had been submitted to the local authority and were being processed. The action taken by the home manager demonstrated a good understanding of the Mental Capacity Act (MCA) 2005 and DoLS and as such they were operating within the required legal framework. We asked two staff about their understanding of MCA and DoLS, responses demonstrated they were not fully aware of their responsibilities under MCA and DoLS indicating further training was required. We spoke with the home manager and documentation confirmed that not all staff had yet completed training in this area.

Care plans considered people's choices and individual preferences and assessed their cognitive ability to make decisions for themselves. During the inspection we saw staff encouraged people to make decisions relating to their daily lives such as what they wanted to do and eat.

At the last inspection we found appropriate action had not been taken to record weights and investigate weight loss. At this inspection we found people's weights were being recorded regularly in line with the requirements set out in their care plans. We saw clear guidelines had been put in place to ensure any weight loss was acted on. In all the care plans we looked at people's weight was stable which indicated they were being provided with adequate nutrition. Records of people's food/fluid intake was kept to monitor if they were eating a suitable diet. People told us they were provided with enough food. For example one person said, "Good food, do all sorts really for us." We saw people were provided with appropriate support, for example someone that was deemed at risk of malnutrition was provided with encouragement to finish their meal. We saw people were brought regular drinks throughout the day to help keep them hydrated.

There was evidence that people had access to a range of health professionals and their advice was recorded within care plans to enable staff to deliver appropriate care. For example we saw input had been sought around falls and behaviour. Care plans had been improved since the previous inspection which helped ensure that key information on people's health needs was clearly recorded to help staff meet people's individual health needs.

Is the service caring?

Our findings

This domain was not inspected as part of this focussed inspection.

Is the service responsive?

Our findings

People spoke positively about the care received in the home, for example one person said, “It’s not bad here, I get on with all the staff” and a relative said “Very happy, staff are very good and respond to (persons name) very quickly...Staff are very supportive and they know my mother very well...I have no concerns at all.”

People appeared well dressed in suitable clothing and clean, indicating that staff were providing appropriate personal care. We observed staff responded to people’s needs. For example we saw a person in the dining room closing their eyes as they looked tired, staff immediately identified this and asked person if they would like to move to a comfy chair in the living room.

At the last inspection we found people were missing key care assessments and the completion of documentation was inconsistent. This demonstrated that people’s needs were not fully assessed and adequate records in relation to each person were not in place. This was a breach of Regulation 9 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we found improvements had been made. Care plans had been re-written in a more user friendly style and were all kept up-to-date. Admission assessments were in place. These assessments were created prior to people coming to stay in the home to help ensure people’s needs were met immediately. Care records contained a ‘this is me’ document. This explained people’s preferred means of communication; next of kin contact information and identified support needs with all aspects of daily life. Care plans included information relating to people’s individual circumstances. For example we saw a section on ‘what makes me anxious’ and ‘what makes me feel better’. Other person centred information such as ‘how I drink’ and ‘how I eat’ were included. Care plans had a breakdown of

individual tasks to be completed by staff which indicated how many staff were required. People’s care plans included a ‘goals’ section. This listed what the person wanted to achieve whilst living in the home. Care plans focused on promoting independence and ensuring people were treated well and respected. This helped staff to provide personalised care that met people’s individual needs.

Care plans were in place in a range of areas which helped staff deliver appropriate care. These included mobility, social inclusion, dressing, eating, falls, sleeping, personal hygiene and continence. Specific care plans were in place where required such as for distress behaviour, providing evidence their individual needs had been assessed. We found some care plans would benefit from more detail. For example one person’s pressure area care plan did not detail the specific equipment that they used and another said ‘physical prompts required’ but did not explain what physical prompts. We raised this with the home manager who agreed to further adapt the care plans to ensure they contained a better level of detail specific to that person.

Handover records were in place which recorded any changes in people’s condition to pass onto the next staff on shift. Daily checklists were in place which provided evidence staff had evaluated people’s physical condition, mood, the care they had received and any activities they had participated in.

We saw evidence staff were aware of and followed people’s plans of care to help meet their individual needs. For example staff encouraged one person to use their walking stick to prevent falls and another person was reminded to eat slowly to reduce risk of choking. Another person’s care file described how staff should play regular one to one games with them to help keep them occupied and reduce anxiety. The person in question confirmed this support regularly took place. This provided evidence that staff were delivering care in line with people’s assessed needs.

Is the service well-led?

Our findings

A registered manager was in place. However the registered manager did not work in the service full time and had other responsibilities outside of the service. The home manager also undertook management work at another service. Because of this lack of dedicated management support to the home, we were concerned that this would lead to overly stretched management resources, particularly if the home became more occupied. In addition, as the home manager was not on the staff rota it was not clear how much dedicated time was allocated to the running of the service.

We found there was a pleasant atmosphere in the home and it was clear that staff had formed good relationships with the people they were caring for. People and staff both spoke positively about the registered manager. The staff we spoke with told us the registered manager was approachable and that they could go to them with any concerns or queries. Staff told us that the registered manager had made a number of improvements since joining the home and they were confident that the home now provided a high quality service.

At the last inspection we found the service had failed to properly assess and monitor the quality of the service. At this inspection we found improvements had been made. The home manager had driven significant improvement in a number of areas following the last inspection, ensuring compliance with legal requirements. We found the home manager was committed to further improvement of the service and was creative in trialling new initiatives to continuously improve the quality of the service. The home manager had implemented a range of new paperwork which was consistently being adjusted to improve performance. For example following audits of care plans, it had been identified that night staff were not recording

enough information. There was evidence this had been discussed with night staff and a new daily recording system being trialled to determine whether this resulted in better quality recording.

Care plans were regularly reviewed and audited by the home manager and there was evidence this was effective and documentation had significantly improved since the last inspection. Audits were undertaken in a range of areas which included an overall provider check, daily records audits, medication audits, and environmental audits. It was clear audits were identifying issues to ensure continuous improvement was made. However environmental audits had not been completed since February 2015. It was not clear how often audits should be completed as there was not an audit schedule to provide structure to the arrangements.

Accidents and incidents were documented on dedicated forms with preventative measures recorded. We looked at a recent safety incident had occurred in April 2015, and clear measures were put in place to help keep people safe.

Systems were in place to seek feedback from people. A resident meeting had been recently held, it discussed new initiatives in the home and asked for feedback on quality of staff and meals. A satisfaction survey had been done in February 2015. We looked at the feedback which was overwhelmingly positive. A number of compliments had also been recorded about the service this allowed the service to know where it had exceeded expectations.

The home only had 11 residents living in the home at the time of the inspection, which was half their capacity. In order for us to be assured that the service delivered good quality care the service would have to demonstrate consistency over a longer period of time with a higher level of occupancy.