

Sutton Nursing Homes Limited

# Orchard House Nursing Home

## Inspection report

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19 July 2017

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 30 January and 2 February 2017. At which breaches of legal requirements were found in regards to safe care and treatment, safeguarding service users from abuse and improper treatment and good governance. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements. They stated they would take the necessary action to address the breaches by 8 May 2017.

We undertook this focused inspection on 19 July 2017 to check they had followed their plan and to confirm 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 'Orchard House Nursing Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Orchard House Nursing Home provides accommodation with nursing and personal care for up to 44 people. This includes palliative and end-of-life care. At the time of our inspection there were 34 people using the service.

Since our comprehensive inspection a registered manager had been appointed. 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 manager was registered with the Care Quality Commission on 16 June 2017.

Improvements had been made since our previous inspection. Environmental changes had been made to ensure water temperatures were within a safe range, hazardous chemicals were stored securely, hazards in the garden had been addressed and minimised and bathrooms had been decluttered. We saw that new processes had been implemented to review medicines stock levels, however, staff needed reminding to record the dose administered for medicines prescribed at a variable dose to ensure accurate stock checks could be undertaken.

The registered manager had liaised with the local authority safeguarding team to seek clarification and review arrangements to deprive people of their liberty. The registered manager was aware of when applications to deprive people of their liberty should be made and kept track of the applications that had been authorised.

Processes had been strengthened and improved to review the safety of service delivery, and ensure ongoing monitoring of the quality of support provision.

To revise the provider's ratings from 'requires improvement' to 'good' requires evidence of ongoing consistent good practice. This was achieved in regards to the key question, 'Is the service effective?'. We have not revised the rating for the key question, 'Is the service safe?' due to minor improvements still

required in regards to medicines management. We have also not reviewed the rating for the key question, 'Is the service well-led?' as we required more time to assess whether the improvements made will be sustained.

## 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 provider and registered manager had made environmental changes to ensure risks to people's safety were maintained, including in the garden. Water temperatures had been restricted and chemicals were stored securely.

Processes had been improved to review stocks of medicines, however, minor changes were required to ensure accurate recording in regards to the administration of variable dose medicines.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'safe' at the next comprehensive inspection.

**Requires Improvement** ●

### Is the service effective?

The registered manager had liaised with the local authority safeguarding team regarding arrangements for lawfully depriving people of their liberty. Clear processes were followed to ensure people were only deprived when staff were lawfully authorised to and the registered manager was clear of their responsibilities under the Mental Capacity Act 2005 (the Act).

The provider and registered manager had sought advice and shown they consistently supported people within the requirements of the Act. Therefore we have improved the rating for this key question from 'requires improvement' to 'good'.

**Good** ●

### Is the service well-led?

The registered manager had strengthened their processes to review the quality of care delivery, and took action where improvements were required.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'well-led' at the next

**Requires Improvement** ●

comprehensive inspection.

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# Orchard House Nursing Home

## **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 checked 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.

We undertook an unannounced focused inspection on 19 July 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 30 January and 2 February 2017 had been made. We inspected the service against three of the five questions we ask about services: 'Is the service safe? Is the service effective? And Is the service well-led?'

The inspection was undertaken by one inspector.

During the inspection we spoke with the provider and the registered manager. We undertook general observations and reviewed records relating to the management of the service.

# Is the service safe?

## Our findings

At our previous inspection we found the provider did not have sufficient systems in place to ensure people's safety. Hot water temperatures were recorded as above 50°C which was above the Health and Safety Executive's recommended safe water temperatures and the provider had not fully protected people from the risks of scalds. Hazardous chemicals were not always stored appropriately or securely. Environmental risk assessments were not always completed included the risk of trips and falls from uneven surfaces in the garden or from areas of the service cluttered with equipment. The provider did not have robust systems to review medicine stock levels and ensure all medicines were accounted for.

At this inspection we found the risk of people scalding themselves on hot water had been reduced. In May 2017 the provider arranged for thermostatic valves to be fitted to all hot water outlets. This restricted water temperatures to 43°C or below. We checked the water temperatures on five water outlets and found they were within a safe range in line with good practice guidance by the Health and Safety Executive.

The registered manager had risk assessed all hazardous chemicals used at the service. At the time of our inspection all hazardous chemicals were stored securely. The registered manager informed us administration staff liaised with the domestic and kitchen staff to undertake stock checks on all chemicals used at the service.

The registered manager had completed additional risk assessments regarding the garden. We saw work had been undertaken to address the risks identified at the previous inspection including releveling paving areas and erecting decorative fences and handrails to minimise the risk of people falling. The registered manager informed us most people were accompanied by staff when using the garden. If people had capacity staff explained the risks to people's safety when using the garden including the risk of tripping and provided them with hand bells so they could alert staff if they needed any additional support.

We observed that bathrooms had been cleared and new procedures had been implemented to restrict only one piece of equipment being stored in a bathroom at a time to reduce the risks to people and improve accessibility.

The registered manager had implemented new processes to improve monitoring of medicine stock levels. Staff were now counting the stocks of loose (non-blister pack) medicines on a daily basis and stocks of controlled drugs were checked upon administration and twice daily. We identified staff were not consistently recording the dose administered for medicines prescribed with a variable dose which meant accurate stock checks could not always be undertaken. We discussed this with the registered manager who informed us they would remind staff to record the amount administered.

The provider was now meeting the breach of regulation we identified at our previous inspection in regards to safe care and treatment.

## Is the service effective?

### Our findings

At our previous inspection we found the provider did not consistently follow appropriate procedures to ensure people were only deprived of their liberty when lawfully authorised to do so, particularly in regards to urgent authorisations.

At this inspection we found the registered manager had liaised with the local authority safeguarding team regarding deprivation of liberty safeguards (DoLS) processes. They had received clarification regarding when to apply for urgent and standard authorisations. From discussions with the registered manager they had a clear understanding of their responsibilities under the Mental Capacity Act 2015 and in regards to depriving people of their liberty.

The registered manager applied to the reviewing authorities as soon as it was identified that a person did not have capacity and they felt they had to deprive a person of their liberty in order to keep the person safe. There were processes in place to monitor when DoLS applications were authorised and when they needed reviewing.

For those that had capacity, people did not have restrictions on their liberty. Staff offered to accompany people in the community and explained the risks to people's safety so they were able to make an informed decision.

The provider was now meeting the breach of regulation we identified at our previous inspection in regards to safeguarding adults from abuse and improper treatment.



## Is the service well-led?

### Our findings

At our previous inspection we found the provider's safety checks were not sufficiently effective to identify the concerns we identified including systems to monitor medicines stocks, safe storage of chemicals and ensuring hot water temperatures were safe for people to use.

At this inspection we found the provider and registered manager had improved processes to ensure they were providing a safe and effective service. New processes had been implemented to review the stocks of medicines kept at the service. These were undertaken on a daily basis as well as through a regular monthly medicines audit. There were processes in place to review the amount of chemicals stored at the service and the registered manager undertook a walk round daily to ensure all chemicals were stored securely in locked rooms. Action had been taken to restrict water temperatures. Water temperatures were checked quarterly and at each use to ensure people were not at risk of being scalded.

Action had been taken to address the concerns identified at our previous inspection and to ensure regular monitoring of the quality and safety of service delivery. The provider was now meeting the breach of regulation we identified at our previous inspection in regards to good governance.