Care Quality Commission

Buckland Care Limited

# The Orchards Residential Home

## Inspection report

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## Ratings

| Overall rating for this service | Good |
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| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

We undertook an unannounced inspection of The Orchards on 18 May 2017.

The Orchards Residential Home provides accommodation and personal care to up to 44 people, some of whom have dementia. At the time of our inspection, there were 41 people living at the home.

At our last inspection on 5 and 7 January 2016 we asked the provider to take action to make improvements relating to the management of risks and accidents and incidents.

At this inspection on 18 May 2017 we found the provider had made improvements to address our concerns from the previous inspection. However, we found records in relation to people who used the service were not always complete and accurate. Some information in care plans was out of date. The registered manager was redesigning and reviewing care plans. The manager conducted regular audits to monitor the quality of service. However, audits were not always effective. A recent medicine audit did not identify our concerns relating to medicine records. The registered manager immediately implemented a new audit system to address this concern. Learning from other audits had been used to make improvements.

Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks. These included risks relating to the environment and falls. Staff were aware of people's needs and followed guidance to keep them safe.

Accidents and incidents were investigated, analysed and action was taken to prevent reoccurrence. Learning from incidents was shared with staff to keep people safe.
People told us they enjoyed activities in the home and a published programme of events was available to people. We were able to observe activities taking place. Staff also interacted with people on a one to one basis.

We were greeted warmly by people and staff at the service. The atmosphere was open and friendly. The home displayed an open and honest culture where management and staff were keen to learn and improve.

People told us they were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

People were supported by staff that were extremely knowledgeable about people's needs and provided support with compassion and kindness. People received high quality care that was personalised and met their needs.

People received their medicines as prescribed. However, medicine records were not always accurately

maintained. We raised this with the registered manager who took immediate action to address this concern.

There were sufficient staff to meet people's needs. Staff responded promptly where people required assistance.  The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

The service responded to people's changing needs. People and their families were involved in their care and how their care progressed and developed.

Staff spoke extremely positively about the support they received from the registered manager. Staff supervisions and meetings were scheduled as were annual appraisals. Staff told us the registered manager was very approachable and supportive and that there was a very good level of communication and trust within the service.

The service sought people's views and opinions. Relatives told us they were confident they would be listened to and action would be taken if they raised a concern.

People had sufficient to eat and drink. Where people required special diets, for example, pureed or fortified meals, these were provided by kitchen staff who clearly understood the dietary needs of the people they were catering for.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to reduce the risks. People received their medicines as prescribed.

### Is the service effective?

Good

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and understood and applied its principles.

### Is the service caring?

Good

The service was caring

People benefitted from caring relationships with staff.

Staff were very kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made.

### Is the service responsive?

Good

The service was responsive.

Support plans were personalised and gave clear guidance for staff on how to support people. Staff were motivated and

committed to delivering personalised care.

People and their relatives knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met. Support needs were regularly reviewed.

### Is the service well-led?

The service was not always well led.

The systems to monitor the quality of service were not always effective and records were not always accurate.

The registered manager led by example and empowered and motivated their staff. Staff's actions and attitudes mirrored this example.

The service shared learning and looked for continuous improvement.

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# The Orchards Residential 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 was 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.

This inspection took place on 18 May 2017 and was unannounced. The inspection was carried out by two 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 care service.

We spoke with seven people, two relatives, four care staff, the chef, the deputy manager and the registered manager. We looked at five people's care records, medicine administration records and four staff files. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care.

In addition we spoke with two healthcare professionals and obtained their views about the service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

Good

# Is the service safe?

## Our findings

At our last inspection on 5 and 7 January 2016 we found not all risks to people's safety had been appropriately identified and addressed. This included hazards within the environment and the risk of falling. These concerns were breaches of Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

People's care records included risk assessments. Where risks were identified there were plans in place that guided staff how to support people to manage the risks. Risks identified included: pressure damage; choking; moving and handling; nutrition and the environment. For example, one person was at risk of developing pressure ulcers. A risk assessment was in place and a body map used to manage the risk. Staff were guided to monitor the person's skin condition and reposition the person at regular intervals. Records of repositioning were accurately and consistently maintained. Pressure relieving equipment was in place and we saw the person did not have a pressure ulcer.

Another person was at risk of falls. The person originally required the support of two staff. However, this person's condition had improved and the risk assessment reviewed. The person was now able to mobilise independently with the use of a walking frame and the support of one staff member to assist them if they became tired. Staff were provided with clear guidance on how to support this person which included the person using a wheelchair for longer walks or if they became tired. We saw staff supporting this person in line with the guidance.

People told us they felt safe. Comments included; "They (staff) are always there for me. I can talk to anyone here", "Yes I am safe, they look after us" and "They (staff) always look out for us". One relative said, "They really seem to think about [person] here".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their manager or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I'd report any concerns to [registered manager] or I would call the local safeguarding team myself", "I would report to the manager and I can whistle blow" and "Signs (of abuse) could be bruises, person becoming scared, or flinching. I would go to the registered manager and if it was not dealt with would go to CQC (Care Quality Commission) or police". The service had systems in place to investigate concerns and report them to the appropriate authorities.

There were sufficient staff on duty to meet people's needs. The registered manager told us staffing levels were set by the "Dependency needs of our residents". Staff were not rushed in their duties and had time to sit and chat with people. Where people's behaviour indicated the person needed help staff responded in a timely manner to prevent the person suffering anxiety. People were assisted promptly when they called for assistance. Staff rota's confirmed planned staffing levels were consistently maintained. One member of staff told us, "Yes there is enough staff here". Another said, "We'd always like more staff but we meet everybody's needs".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Medicines were managed safely and people received the medicines as prescribed. Medicines were stored in a locked trolley to ensure they were stored safely. Systems were in place to ensure stocks of medicines were managed and were safe to administer. For example, medicines dispensed in liquid forms were marked with a date of opening to ensure they were administered within the date required. Where people were prescribed 'as required' medicines there were protocols in place that detailed when the person may require the medicine. For example, one person could suffer from pain. Staff were guided to watch for the person crying or rocking, indicating they may be in pain.

However, medicine records were not always accurately maintained. The medication administration records (MAR) for topical creams were not accurately completed, which meant we could not be certain people had their creams as prescribed. For example, one person required their cream to be applied twice a day but the gaps in the records meant we could not be certain this had been done. We raised this concern with the registered manager who took immediate action. Topical creams were moved to people's rooms and stored securely. One care worker was appointed as the lead for topical creams and a system of daily and weekly checks implemented to ensure people received their creams and that records were accurately maintained.

Good

# Is the service effective?

## Our findings

People told us staff had the skills to support them effectively. People's comments included; "Yes, they know about my epilepsy", "I've nothing to worry about" and "They look after us, they know". One relative spoke with us about the impact staff had made on the person. They said, "Her quality of life has improved. She is loads more active".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they had received an induction and completed training when they started working at the service. Staff training was linked to the Care Certificate which is a nationally recognised program for the care sector. Induction training included fire, moving and handling, dementia and infection control. Staff were positive about the training they received and were supported to attend regular updates to ensure their skills and knowledge were kept up to date. Staff comments included; "It was a really good induction. I shadowed another member of staff for two to three weeks and felt confident before working alone. I had lots of training such as moving and handling, first aid training, safeguarding" and "Training is good here, my induction was good. It gave me confidence".

Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. We spoke with staff about supervision and support. Comments included; "I am definitely supported here. The supervisions are useful. I asked to do medicines training and I am now waiting for the course", "We have good support, all of us. I get supervisions, they tell me my weaknesses and strengths so I can improve" and "I have quarterly supervisions with the registered manager. I feel this is adequate due to management having an open door policy which means we can speak to them anytime".

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. 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. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. We saw one person had appointed a lasting power of attorney allowing them to make decisions relating to the person's' property and affairs'. We saw that people's mental capacity was assessed and regularly reviewed.

Staff demonstrated an understanding of the MCA and how they applied its principles in their work. Staff comments included; "They (people) can't always express what they want. I make sure I give choice. For example, I will get a selection of clothes out and help the person choose what they want to wear", "It's their choices and decisions, I offer residents choices" and "I treat each resident as an individual as many can make their own decisions".

People had access to food and drink to meet their needs. Where people had specific dietary requirements this was detailed in their care plan. People received food and drink in line with the guidance. For example, one person required a 'pureed diet'. We saw this person being supported with a meal that was of the correct consistency. Menus were prominently displayed and staff assisted people with their meal choices. The chef told us he was aware of those people with specific medical conditions such as Diabetes or those losing or gaining weight.

We observed the midday meal experience. This was an enjoyable, social event where the majority of people attended. Food was served hot from the kitchen and looked 'home cooked', wholesome and appetising. People were offered a choice of drinks throughout their meal. People were encouraged to eat and extra portions were available. One person we spoke with said, "The food is great here, I like it".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP, care home support service (CHSS) and speech and language therapist (SALT). Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. For example, one person had been referred to a dietician when they lost weight. The dietician's advice had been followed and the person had regained their weight. One healthcare professional we contacted told us, "I have always found [registered manager] and all the staff, keen to learn, approachable, and very professional. They always have the residents at the forefront of whatever they do. They always try and implement any suggestions I make". One visiting healthcare professional we spoke with said, "They are really good here. They follow guidance, the staff are knowledgeable about the residents and they are quite proactive with referrals".

Good

# Is the service caring?

## Our findings

People told us they enjoyed living at the home and benefitted from caring relationships with the staff. People were positive with their praise for staff. Comments included; "Staff are very nice, I feel at home", "I really love being here as they look after us" and "It's very nice here, I reckon I can talk to anyone". One relative commented, "This is my first experience at a care home, and I am very happy with it".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "I love it here, it is so rewarding. The residents are so lovely", "I do like it here, I like to interact with the residents" and "I have good relationships with the residents and I believe we connect with them on a personal level".

People were cared for by staff who were knowledgeable about the support they required and the things that were important to them in their lives. Staff spoke with people about their careers, families and where they had lived. During our visit we saw numerous positive interactions between people and staff. For example, one person was being supported by a staff member to remember people and events from their past. The member of staff was knowledgeable about the person's history and was able to prompt the person who clearly enjoyed talking about their past. The person smiled at the member of staff supporting them and was clearly reassured by this staff members approach.

We observed staff communicating with people in a very patient and caring way, offering choices and involving people in the decisions about their care. People were given options and the time to consider and choose. For example, one person was supported to the dining room. Staff chatted and joked with the person who enjoyed the contact. The person was then asked where they wanted to sit. After considering the person chose a table to sit at and the staff supported them to the place of their choice.

People's independence was promoted. For example, during the lunchtime meal we saw people being encouraged to eat independently. Staff only intervened when the person needed or requested support. People's care plans listed people's capabilities and encouraged staff to support people to be independent. For example, one care plan stated, '[Person] can choose what to wear and is capable with all oral mouth care'.

People's dignity and privacy were respected. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. We saw people were treated with dignity and respect throughout our inspection. People were addressed by their preferred name and staff knocked on people's doors before entering. The registered manager had appointed one staff member to be a dignity champion who was a point of reference for people, relatives and staff in matters relating to dignity. We spoke with this staff member who said, "Communication is key at all times when giving personal care, also shutting doors and asking for consent before care tasks." Another staff member said, "I don't make residents feel uncomfortable or embarrassed with personal care. I treat them with respect".

We observed one staff member approach a person who appeared confused. They spoke quietly to the person who then nodded. The staff member then took this person to the toilet. The staff member's discretion promoted this person's dignity.

People and their relatives were kept informed. People's care reviews were documented and evidenced people and their relatives were involved in care. One relative told us, "I am always kept informed so I feel involved". One staff member spoke with us about involving people. They said, "I get to know residents preferences and I talk to the families so they are involved".

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff and gave details of when and how information would be shared with other professional bodies once the person's consent had been obtained. Care plans and other personal records were stored securely. Care plans reminded staff to protect people's confidentiality. When staff moved away from their computers the screens were turned off protecting people's information.

People's rights in relation to their diversity were promoted. Policies were in place protecting people's diversity, culture and religion and care plans reflected people's preferences and needs. For example, one care plan noted the person was a member of the church. Staff were guided to offer the person the opportunity to attend services. Daily notes evidenced this guidance was followed.

Good

# Is the service responsive?

## Our findings

At our last inspection on 5 and 7 January 2016 we found concerns relating to staff not responding to people's needs, people at risk of pressure damage and a lack of staff interaction and activities. . These concerns were breaches of Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

People told us they enjoyed activities. Comments included: "We are always so active here", "We do lots of things which is really nice" and "We do all sorts, this is a good home". One relative commented, "She actually has some friends now, they always seem to be doing something here, it's great to see". We observed an exercise session for people. The trainer leading the session knew everyone by name and was knowledgeable about people's conditions and their capabilities. The session was a lively affair that generated lots of conversation and laughter.

People were offered a range of activities including games, sing-a-longs, arts and crafts, keep fit, visiting musicians, gardening and outings. Regular church services were held in the home and throughout our visit we saw staff interacting and taking an interest in what people were doing. A secure garden was available for people and their relatives to enjoy with well-kept borders and garden furniture.

Staff responded to people's needs. For example, we saw where people were at risk of pressure damage staff followed guidance to maintain people's skin integrity. People were regularly repositioned and pressure relieving equipment was in place. No one we saw had a pressure ulcer.

People's needs were assessed prior to admission to the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person liked 'music and walking'. All the staff we spoke with were extremely knowledgeable about the people in their care.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person sometimes had difficulty verbalising. Staff were guided to 'actively listen' to the person and 'make good eye contact facing the person'. In addition staff were guided to 'give [person] time to articulate' and to 'monitor body language and facial expression'. Staff we spoke were aware of this guidance.

The service responded to people's changing needs. For example, one person's condition changed and they were referred to the GP who reviewed their medicine. The person's care plan was reviewed and records confirmed the new medicine was being administered. Another person's mobility improved and a new walking aid was supplied meeting this person's needs. We spoke with this person's relative who said, "She has improved since coming here".

The service's complaints policy was displayed in the home and was given to people and their families when they joined the service. The policy also contained details of how to complain. Records showed the service had not received any complaints in 2017. The registered manager told us, "We tend to deal with any issues long before a formal complaint needs to be raised". Historical complaints had been dealt with compassionately in line with complaints policy.

The provider sought people's opinions through regular surveys. Records we saw demonstrated people were very positive about the service. Some people had raised an issue relating to call bells and staff response times. The registered manager spoke with staff and monitored call bells and as a result response times had improved. During our inspection we noted call bells were responded to promptly.

Requires Improvement

# Is the service well-led?

## Our findings

At our last inspection on 5 and & January 2016 we found accidents were not sufficiently analysed to minimise the risk of further occurrences. Risks to people safety had not been assured. This was a breach of Regulation 17 HSCA (RA) Regulations 2014 Good governance.

At this inspection on 18 May 2017 we found the provider had made improvements to meet the regulation.

Accidents and incidents were recorded and investigated. The registered manager analysed information from the investigations to improve the service. For example, one person fell but was uninjured. On further investigation it was identified there was a pattern to falls in that they occurred at similar times of the day. The registered manager implemented hourly checks on people who had fallen which resulted in a reduction in falls. People who suffered falls were referred to the care home support service (CHSS) and the GP for assessment.

The registered manager conducted internal checks and audits. For example; equipment checks, window restrictor checks and maintenance audits. These were conducted on a monthly basis and records were accurate and up to date. For example, equipment servicing dates were recorded and equipment was marked with the next servicing date. This ensured equipment was operational and safe to use.

However, audits were not always effective. A medicine audit conducted in May 2017 had failed to identify our concerns relating to medicine records. We also saw that care plan audits had not identified the inaccuracies we found. We raised this with the registered manager who immediately implemented a new system of checks to resolve this issue.

Records were not always up to date or accurate. For example, we saw one person's care plan and noted the person had lost weight over a short period of time. However, the care plan did not highlight any actions taken to address the weight loss. We raised this with the deputy manager who showed us separate documents, located in separate areas of the home, evidencing appropriate action had been taken including a referral to a dietician, a fortified diet being implemented and the person finally gaining weight again. We raised this issue with the registered manager who agreed this important information should be maintained in the person's care plan for clarity and ease of use. They said, "I am aware we have some discrepancies with some of our care plans and I am currently redesigning them to ensure they are fit for purpose". We saw evidence this process was underway.

Throughout the inspection the registered manager and deputy manager were available to people, visitors and staff. It was clear the management team led by example and created an open, caring culture that put people at the centre of all they did. The registered manager and deputy knew people, staff and visitors well. They took time to stop and speak with everyone, showing empathy and support for all. We saw staff mirrored this approach and maintained this positive culture that was embedded into the caring ethos of the home.

Visitors were clearly welcome in the home and we saw many interactions between people and visitors who were visiting others living in the service.  There was a family atmosphere where everyone was valued and included.

Staff told us the registered manager was supportive and approachable. Comments included; "She is a good manager who listens. If I ever get a problem I go to her", "She is very good and very supportive" and "My manager is the best".

Regular staff meetings were held and recorded. We saw staff were able to raise and discuss issues. The registered manager and staff also shared learning at staff meetings. For example, people's conditions were discussed and staff actions decided upon to address issues. Staff told us learning was shared. Comments included; "We have briefings, meetings and handovers where we share knowledge, we get good information" and "We obtain knowledge in handovers and meetings and we talk to each other as well".

There was a whistle blowing policy in place that was available to staff around the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.