

HC-One Limited

Orchard Mews

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service

Orchard Mews is a care home providing personal and nursing care to 36 people aged 65 and over, some of whom were living with dementia. The service can support up to 36 people.

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

People said they received good care from kind and caring staff. Warm and positive relationships had developed between people and staff.

People, relatives and staff told us the home was safe. Staff were aware of the safeguarding and whistle blowing procedures. They knew how to raise concerns and felt confident to do so if required. Safeguarding concerns were investigated thoroughly. There were enough staff to meet people's needs quickly. New staff were recruited safely. People received their medicines when they were due. Incidents and accidents were investigated and monitored to check appropriate action had been taken. Checks and risk assessments were completed to help ensure a safe environment.

Staff received good support and accessed the training they needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and relatives were happy with the meals provided.

People's needs had been fully assessed; the information gathered was used to develop care plans. The provider was working to improve the quality of people's care plans. People were supported to participate in activities they chose.

People, relatives and staff told us the home was well managed; they said the registered manager was approachable and supportive. The provider had an effective quality assurance system which was used to identify areas for improvement. There were regular opportunities for people, relatives and staff to provide feedback about the home; they confirmed their views were welcomed and listened to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 30 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Orchard Mews

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

Orchard Mews is a 'care home'. People 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, the clinical commissioning group and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the regional manager, registered manager, deputy manager, senior care workers, care workers and the activity co-ordinator. We 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 reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines continued to be managed safely.
- People received their prescribed medicines when they were due; medicines were stored appropriately to help ensure they were safe to use.
- The registered manager checked care staff followed medicines management procedures correctly.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said the home was safe. One relative commented, "I always feel safety here is good, I have always felt [family member] was safe."
- Safeguarding concerns were thoroughly investigated; appropriate action had been taken to keep people safe.
- Staff had a good understanding of the safeguarding and whistle blowing procedures; they were confident to raise concerns if needed. One staff member said, "I haven't used it [whistle blowing], I haven't had a problem. I would use it though [if needed]."

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Health and safety checks and risk assessments were carried out; these helped keep people, the environment and equipment safe.
- Staff understood how to support people sensitively when they were anxious or distressed.
- The provider had policies for dealing with unforeseen emergency situations; personal emergency evacuation plans detailed the support people needed in an emergency.
- The home was clean and well maintained; staff followed the provider's infection control practices.

Staffing and recruitment

- There were enough staff on duty to meet people's needs, they responded quickly to people's requests for help. People and relatives commented, "They are always there, you never have to look around [for a staff member]. There is always somebody just there" and "There seems to be enough staff, there always seems to be staff around."
- The registered manager monitored staffing levels to help ensure they remained safe.
- The provider followed effective recruitment practices; pre-employment checks were completed to ensure new staff were suitable to work at the home.

Learning lessons when things go wrong

- Action was taken following accidents or incidents to help keep people safe.
- The registered manager and provider monitored all accidents and incidents; this ensured robust action

had been taken and lessons were learnt.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed to identify their care needs; this included considering their religious or cultural needs and preferences.

Staff support: induction, training, skills and experience

- Staff had the correct skills and knowledge to provide the care they needed. One person commented, "I think they are all fabulous, they have the right attitude towards people."
- Staff were well supported and had the training they needed. Staff members told us, "I am very supported" and "I get lots of support from my mentor. If I have any problems I just go to him."
- Training, supervision and appraisals were up to date.

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

- Some people had to wait for assistance during lunchtime as staff were busy. We discussed the organisation of the lunch time experience with the registered manager and regional manager, who told us they would look into this further as they felt this was not usual.
- People and relatives gave good feedback about the meals provided. People commented, "You always get decent food, it is usually spot-on. You get choices" and "The food is fantastic." One relative told us their family member was eating well since moving to the home. They commented, "You can see and hear them coaxing people to eat and drink."
- Some people had health conditions which meant their meals had to be adapted, such as pureed meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care records included a summary of important information to be shared when they accessed other services. This included information about how the person communicated, any allergies they had and their medical history.
- People had regular input from health care professionals; this included GPs, community nurses and specialist nurses. One relative said, "[Family member] wasn't well and they had to call the doctor. They let us know straightaway."

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

- The home was suitable to meet people's needs; adaptations had been made to meet the needs of people living with dementia.

- People's preferences were used to enhance their living environment. For one person nursed in bed, their bedroom had been specially decorated with items of interest to them.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS authorisations had been applied for and approved for the appropriate people; the registered manager checked DoLS authorisations to ensure they remained valid.
- MCA assessments and best interests decisions had been completed for restrictions placed on people.
- Staff had completed training on the MCA; they used this knowledge to support people to make choices and decisions. This included using visual strategies such as, showing people items to choose from.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received good care from kind and caring staff. People and relatives commented, "They are brilliant, they will do anything for you" and "They treat [family member] like it is their mother. It is unbelievable [the quality of care]."
- People were supported to meet their cultural and religious needs. One person said, "I get communion, which I think is great because when I was at home I couldn't get to church."
- Staff clearly knew people's needs particularly well. They often sat and chatted with people about their family and other topics of interest to the person.

Supporting people to express their views and be involved in making decisions about their care

- Staff had a very good understanding of people's communication needs; this knowledge was used to support people to make choices and decisions.
- There were positive relationships between people and staff; interactions were warm, friendly and pleasant. Some people had nominated staff for the provider's 'kindness in care awards' due to the impact they had made on their wellbeing.
- Information was displayed about how to access independent advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect; this was reflected in people's feedback. One person said, "They show me respect, they are very nice."
- Staff had a good understanding of the importance of dignity and respect. They described how they adapted their practice to ensure dignity was maintained. This included prompting people to do as much as possible themselves, explaining what was happening and gaining consent first.
- Staff were also valued and respected; their views were listened to and considered. Adaptations had been made to enable some staff to follow their religious needs. This was used as an opportunity to educate other staff about other cultures and religions.
- People were supported to remain as independent as possible. One staff member said, "We encourage people to do as much as they can themselves." Staff regularly supported some people to access the local community. One person commented, "They [staff] take you out to the shops when you want to go."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans which aimed to meet their physical and emotional needs. These were being updated to ensure they were sufficiently detailed and reflected the person centred care which was provided.
- Care plans were reviewed regularly; the record of the outcome of the review lacked detail to confirm the plan was still appropriate to meet people's needs.
- The provider had already identified care plans needed to improve, this was included in their home improvement plan which they shared with us.

End of life care and support

- People could discuss any wishes they had for their future care needs.
- A palliative care register was maintained jointly with a palliative care nurse; this provided important information about people's diagnoses and any preferences they had, such as their preferred place of care.
- The provider had received many compliments praising staff for the care provided to people at the end of their lives. They described the care as "perfect" and "excellent"; staff were described as "great" and "always listening."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people using the service could communicate their needs to staff without support.
- Where people had difficulties with communication, information was available in different formats. Pictorial notice boards were prominently displayed to raise awareness of important topics, such as promoting dignity, the activities programme and common health conditions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were good opportunities for people to participate in activities; people chose whether to participate and staff respected their decision.
- People and relatives gave positive feedback about activities. They commented, "There is always something going on, quizzes and film nights. There is always a book to read" and "The new activity co-ordinator does loads with them. [Family member] is looking forward to going out in the bus. They had a fab day recently

when they went to the park."

Improving care quality in response to complaints or concerns

- There was a structured approach to dealing with complaints; previous complaints had been fully investigated and resolved.

People and relatives only gave positive feedback. However, they knew who to speak with if they had concerns. They said, "They told us, "I have never had any complaints so far" and "I haven't found anything to fault."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home had a positive and welcoming atmosphere; staff morale and teamwork were good. One staff member commented, "The atmosphere is happy and cheerful, it is a nice environment."
- The registered manager prioritised the needs of the people using the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was proactive in submitting the required notifications of significant events that occurred in the home.
- The registered manager was supportive and approachable; people and staff confirmed this. One person said, "[Registered manager] is full of fun. Oh yes, I could talk to him." Staff told us, "[Registered manager] is very supportive. If I have any concerns I can go and speak to [registered manager] ... we get on well."

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

- People, relatives and staff had opportunities to share their views about the home; regular residents' and staff meetings were held, as well as a manager's surgery.
- People, relatives and staff had been sent questionnaires; feedback had been positive. People, relatives and staff gave positive responses to questions about the care provided, activities, support and management. The provider used a system called 'You said, we did' to promote the changes made following feedback.

Continuous learning and improving care

- The home had a culture of learning and improving.
- Staff described how they were encouraged to give feedback and make suggestions and to improve the home. A quiet reading area had been created following feedback from one person. One staff member said, "[Registered manager] is a lovely man, very easy to talk to and committed. Over the past year the home has improved loads."
- The provider operated a structured approach to quality assurance to check on the quality of care and safety within the home. Checks had been effective in identifying areas for improvement which were incorporated into a Home Improvement Plan (HIP). The provider was making good progress with the actions in the HIP but some areas, such as the quality of care plans, had not yet been completed.

- The provider's quality assurance systems included additional oversight with external checks from senior management.
- The provider monitored key clinical information about people's health and wellbeing, such as pressure sores or significant weight loss. This allowed swift action to be taken when people's needs changed.

Working in partnership with others

- The service worked with other organisations and stakeholders such as the local authority and health and social care professionals to make sure people received joined up care.