

Roseville Orchard Court Limited

Orchard Court

Inspection report

Bacchus Lane
South Cave
Brough
North Humberside
HU15 2ER

Tel: 01430421549

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29 August 2018

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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 ●

Summary of findings

Overall summary

This inspection took place on 22 and 29 August 2018. The first date was unannounced and the second date announced to ensure the registered manager was available to speak with us.

Orchard Court 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 home is situated in South Cave, a village in the East Riding of Yorkshire. It is purpose built over two floors, with two lounges, a dining area and other small seating areas. The service has a garden and a car park.

At our last inspection we rated the service good. At this inspection we found that improvements were needed in safe, effective, responsive and well-led and have rated the service as requires improvement.

The service had a registered manager who had been in post since January 2018. 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.

Areas of the environment were not regularly maintained and required attention. Possible risks within the environment were not assessed to ensure the safety of people.

Care plans were inconsistent and lacked detail. Risk assessments did not include guidance to enable staff to support people's needs in line with their preferences.

Staff had received training in dementia care. However, observations showed a lack of positive interactions between staff and people living at the service. Activities were varied and we saw that staff welcomed visitors to the service. People were supported to practice their religious beliefs if they wished.

Complaints were not dealt with in line with company policies and procedures. Actions identified from complaints were not always completed.

Best interest meetings were not recorded or detailed in peoples care plans.

Quality assurance systems had not been effective in ensuring that standards in relation to record keeping had been consistently maintained. Audits had failed to identify some of the issues raised during this inspection.

Systems were in place to ensure people were safeguarded from abuse. Staff showed understanding of how to protect people from avoidable harm or abuse and were confident in raising concerns if they needed to.

We observed staffing levels were sufficient to meet people's needs. People who used the service told us that staff were caring. We observed staff supporting people in a way that promoted their dignity and independence.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risk assessments had not always been completed or reviewed to ensure risks to people were immediately identified and addressed.

Systems were in place to ensure that people received their medicines as prescribed. However, we identified some recording issues that required improvement.

Staffing levels were not always consistently maintained. No contingency plans were in place to cover annual leave or absent due to sickness. The registered manager was taking steps to improve staffing during these periods.

Is the service effective?

Requires Improvement ●

The service was not consistently effective

The environment did not support those living with dementia to be as independent as they could be.

The provider was not consistently recording best interest decisions.

Staff felt supported by the registered manager. However, records showed infrequent supervisions. The registered manager had a plan in place to improve this area.

Is the service caring?

Good ●

The service was caring

We observed staff to be kind and caring towards people.

Activities were available for people and staff involved people when planning them.

People's rights to confidentiality was respected.

Is the service responsive?

Requires Improvement ●

The service was not always Responsive

Care plans lacked detail to guide staff in delivering person-centred care to people. Staff told us they did not have time to engage in meaningful interactions with people

Risks to people's health had been identified and reviewed. However, guidance was not always available to support staff to manage identified risks.

Complaint were not dealt with consistently or in line with company policy.

Is the service well-led?

The service was not consistently well-led.

The provider's quality assurance processes had not been effective in identifying and addressing concerns.

The registered manager had an improvement plan in place and demonstrated willingness to improve the service.

The registered manager had not adhered to the Accessible Information Standards, to provide people with information in a format they could understand.

Requires Improvement 

Orchard Court

Detailed findings

Background to this inspection

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

The inspection was prompted in part by notifications received reporting low staffing levels. We also received information from commissioners raising concerns about the health and safety of the home and the safe management of medicines.

This inspection took place on 22 August 2018 and 29 August 2018. This was unannounced on day one and we told the provider we would be visiting on day two. On day one the team was made up of two Inspectors and an expert-by-experience. Day two consisted of two inspectors. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion the expert had knowledge and experience of caring for older people and those living with a dementia related condition.

We reviewed information we held about the service, such as notifications we had received from the provider, information from the local authorities that commissioned services with them and Healthwatch. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. Healthwatch is an independent service which exists to speak up and publicise the views of local people in Health and Social Care settings.

The provider is required to complete a Provider Information Return [PIR] at least once annually. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we did not request a PIR to be completed.

During the inspection 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 spoke with six people living at the service and three visitors. We spoke with the acting area manager, the registered manager, one senior care worker, four care workers, the cook, the activities co-ordinator and a volunteer

who supported twice a week with activities.

We looked at records including; four care and support plans for people who used the service, three staff recruitment files, training and supervision records. We looked at records involved with maintaining and improving the quality and safety of the service which included a range of audits and other checks.

Is the service safe?

Our findings

People within the service were not always safe. During this inspection we looked around the service and found damp on the walls, stains on the carpets and areas with electrical cables trailing across the floor. Two open staircases were accessible to people who were not able to use stairs independently. Risk assessments for the environment were not always completed to identify and mitigate potential risks to people.

We received concerns before the inspection indicating concerns around consistent staffing levels. The provider told us they used a dependency tool to calculate staffing levels. This took into account the needs of people living at the service. We looked at staff rota's which showed a consistent number of staff covering both day and night shifts. This resulted in staff taking on extra shifts and working longer hours. The registered manager told us they had two new staff ready to start once their recruitment checks had been completed. This showed us that the provider was putting plans in place to address issues around staffing. We had no concerns relating to staffing levels and the provider had contingency plans in place.

Medication records were not completed for topical medications and there were no other documentation available for us to view to show that people had received these medicines in line with their prescription. The registered manager informed us he would implement documentation to show people were receiving their topical medications. We observed medication been administered safely and staff were patient and gave people explanations of what medication they were administering. Staff had received recent training and competency checks to ensure correct practices were adopted. People told us they received their prescribed medicines on time. Some people were prescribed medicines to be taken 'as and when required' [PRN]. Protocols were in place that provided detailed guidance to staff on the purpose of PRN medicines and when they should be administered.

We recommend that the provider follows best practice guidelines from in relation to this from, The National Institute for Health and Care Excellence in the administration of topical medicines.

People and their relatives told us they felt the service was safe. Comments included, "Yes I feel safe, the staff are always checking up on you" and "Oh yes I feel safe, I couldn't manage my home" and "Yes, it is safe, good secure premises and [relatives name] is well looked after."

The communal areas of the home were generally clean, tidy and odour free. The provider had records in place to show that the premises were regularly maintained and equipment serviced. Systems were in place to prevent outbreaks of infection. Staff were observed wearing personal protective equipment [PPE] and showed understanding of the importance of hand hygiene.

Staff were aware of types and signs of potential abuse and their responsibilities to report them. Staff had attended training in safeguarding vulnerable people and had good knowledge of the service's safeguarding procedures. One member of staff said, "I would report any concerns to the registered manager."

Safe recruitment systems were in place. Staff files we looked at showed that new staff had completed an

application form and taken part in an interview process. References were obtained and their suitability to work in care was checked through the Disclosure and Barring Service. [DBS] The DBS help to prevent unsuitable people from working with vulnerable groups, including children.

Accidents and incidents were recorded and analysed by the area manager. Records showed what actions had been taken to reduce the likelihood of repeat events. Actions included; Increased monitoring from staff and referrals to the falls team.

There was a business continuity plan that provided advice for staff on how to deal with unexpected emergencies, including major incidents, gas leaks and flooding. People within the service had a personal emergency evacuation plan (PEEP) in place that recorded the assistance they would need to safely evacuate the premises.

Is the service effective?

Our findings

The design and adaptation of the service did not always promote a dementia friendly environment for people. There was a lack of clear signage to support people to navigate their surroundings independently. The provider was taking steps to address this by re-decorating the main lounge in neutral colours and adding further signage to support people living with dementia. One of the communal areas had large patio doors in to a garden area. This was not accessible to people as the registered manager informed us the keys for the doors were missing. People did have access to other outdoor areas around the building.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations were in place completed in line with the requirements of the MCA.

We checked whether the service was working within the principles of the MCA. The provider told us they were arranging best interest meetings with health professionals and their relatives. We found that the provider did not always maintain detailed records of these meetings. We have addressed this in the well-led section of this report.

People who were able to understand decisions about their care told us their consent was gained by staff before they provided support. We observed staff asking people's permission before assisting them. For example, staff were seen supporting one person to transfer from her chair in to a wheelchair. Staff asked her if she would like to be move and asked her if it was ok to support her.

We observed lunch in both dining areas. People had been given a choice of meal earlier in the day and staff served what they had requested. There was a board in the main dining room which displayed the menu from two days before the inspection. There were no menus available for people to read within the dining areas. The food served looked appetising and well presented. We saw good interactions between staff and people. The atmosphere was calm and relaxed and people were not rushed with their meal. We also spoke with the cook who had a good understanding of people's dietary needs. Following the inspection, the registered manager informed us that a pictorial menu was available for people if needed.

The providers policy states staff receive six supervisions per year. The Care Quality Commission do not specify when supervision should be carried out. On the day of the inspection the registered manager was unable to provide evidence of supervision meetings they said had been carried out. Supervision meetings give staff the opportunity to discuss any concerns they might have and identify their

development needs. Despite this staff told us they felt supported and that the registered manager kept an open door policy to provide them with regular support. We discussed supervisions with the registered manager, they told us they were implementing a new process for supervision meetings to ensure staff were supported on a more regular basis.

People were supported to access healthcare services when needed. Staff had made referrals to other healthcare professionals. For example, we saw records to show people had seen the GP, podiatrist and district nurses. One person told us, "Doctors are on the premises here, very often they come in with all their paraphernalia."

Each person had a hospital passport in place. The registered manager said, "We ensure that when a person has to go to hospital they take the hospital passport and 'this is me' document with them. This meant that when people transitioned between services, information was given to ensure they were supported in line with their needs."

Is the service caring?

Our findings

People who were able and wanted to share their experiences with us told us they were happy living at the service. One person said, "I Like it here, everyone helps me." Other comments included, "The staff are kind and helpful," and "Yes, they look after you well, you can ask them any question you like and they answer truthfully and they understand your feelings."

People told us staff respected their privacy and we saw staff knocked on people's doors and waited for their response before entering their rooms. People's bedrooms were personalised and furnished with things that were meaningful to them. For example, photographs of family members and treasured ornaments.

People were encouraged and supported to maintain contact with their relatives and others who were important to them. Throughout the inspection, we saw relatives coming and going, spending time with their loved ones.

People were treated as individuals and their choices were respected. The registered manager had taken steps to promote a homely environment. Interactions we observed showed staff were kind and thoughtful towards people.

People's cultural and religious needs were considered when care plans were being developed. People's likes, dislikes and religious beliefs were included in care planning. One person received visits from a local religious leader. The provider had an equality and diversity policy setting out a commitment to equality and diversity principles.

Records showed that regular meetings with people took place, where their views of activities, menus and overall running of the service were sought. People were involved in making their own decisions and encouraged to express their views. We saw staff asking people how they were and how they would like to be supported. People were offered choices, such as what they wanted to do or eat and drink.

The activities co-ordinator completed monthly meetings with people to discuss the different activities they would like to organise. Records relating to resident's meetings showed in a period of twelve months only one meeting had been completed. We discussed this with the registered manager who advised he would continue to arrange meetings with relatives and encourage attendance.

The activities co-ordinator had prepared 'fans' for every rooms. There were eight leaves to them and they listed details of people's likes, dislikes and information relating to their daily routines. These were hung on the back of the door in people's bedrooms to support new carers to have access to information about the person.

Information held for people within the service was kept confidential along with information held about staff. Policies had been updated in line with the General Data Protection Regulation [GDPR]. GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals

within the European Union.

Is the service responsive?

Our findings

Care plans were inconsistent and lacked detail for staff to deliver person-centred care to people. Care plans we reviewed did not contain people's life histories to tailor care to meet the person's needs based on past life experiences, preferences and choices. Some care plans had photographs of people and others did not. At times some individual care plans referred to the person using an incorrect name.

Care plans contained little detail on how to effectively manage people's behaviours that challenged others. One person's care plan identified, the person becomes agitated in the afternoon, there was no information to guide staff in the signs to look out for, so they could diffuse more complex behaviours or signs of agitation. Staff were knowledgeable about this person's needs and told us, "You need to spend time and sit and talk with them." This was a recording issue that has been addressed within the well-led section of this report. The registered manager was aware of this and told us he was currently updating all care plans and would be using a new electronic system to improve information available for staff. This staff showed a good knowledge of people's needs and preferences.

Potential risks to people had been assessed, reviewed and recorded. However, not all risk assessments provided staff with sufficient guidance to support and provide care for people. For example, one person's risk assessment we looked at identified that person was at high risk of developing a pressure sore. There was no care plan in place to instruct staff on how to minimise this risk. There was no impact on the person because the person had no evidence of pressure ulcers and staff knew people's needs well.

We observed people with a dementia-related condition spending significant periods of time with no meaningful stimulation. For example, we observed one person living with dementia was extremely distressed, agitated and upset. This person was walking around the service, crying and shouting they wanted to go home. Staff were unresponsive to this and did not offer any support to this person until we brought it to the attention of the registered manager. Staff had received dementia training, however their approach to this person was not responsive or person-centred. The person did not respond well to staff that intervened. In addition, we observed people's experience in the communal areas such as the corridor, the lounge and the dining room. We saw that care workers had little time to spend creating meaningful interactions with people.

We recommend that the service researches best practice guidelines from The National Institute for Health and Care Excellence's quality statement for meaningful activities, stimulation and engagement to improve interactions for people living with a dementia-related condition.

People had access to activities within the home. People told us, "There is always something happening" and "There's lots to do, but I would like to go out more." Staff told us they felt there was not enough trips outside of the service for people to enjoy. There was an activities coordinator employed at the service who worked three days a week. There were also two volunteers that visited the service on a regular basis to chat with people and take them out.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We did not see evidence of the service meeting this standard. For example, an activities calendar for the month included; various games, knit and natter and a summer fair was displayed in the reception area. This was not in a particularly prominent place and was in small print which some people may have struggled to read.

Complaints received within the service were not always dealt with in line with the company policy. Some complaints received responses and some did not. Actions identified from complaints were not always followed up, for example, following an investigation from a complaint, it was identified all staff were to attend end of life training only two members of staff had attended this training. When speaking with staff they expressed they would like to attend this training to develop their skills and knowledge. The registered manager told us they were scheduling staff training to include end of life care for those who had not already attended.

Peoples advanced wishes were briefly documented in their care plans, but these were not in detail or explored by staff. We discussed this with the registered manager who assured us this would be reviewed and updated to ensure people's wishes were known and adhered to.

Is the service well-led?

Our findings

The registered manager had been in post since January 2018. They were currently working towards completing the level five diploma in leadership and management alongside a development management program with the local authority. The registered manager had notified the Care Quality Commission of all significant events in line with their legal responsibilities.

The service currently had a suspension on placements from the local authority. The suspension was in relation to the health and safety around the home. The registered manager had an action plan in place to address issues identified by the local authority.

During a walk around of the home we noted some health and safety issues. These included; stained carpets, radiator covers not fixed to the wall, and electrical cables trailing across the floor. We saw an area behind the back stairs being used for the storage of wheelchairs and boxes with foot plates in them. We discussed these issues with the registered manager who took immediate steps to address some of the issues. The registered manager told us there was a refurbishment plan in place which included the replacement of carpets. This assured us that the issues were being addressed and plans were in place to resolve these issues.

Risk assessments were not always in place to assess the risk around the environment. Two staircases within the service were accessible by all people. There were no locking gates/doors on the stairs and the doors to the main staircase were permanently open during the visit. This was a risk to people who were not able to use stairs independently. Following the inspection, the registered manager informed us they had completed risk assessments for all people to address this.

Personal protective equipment [PPE] was accessible to people around the home in communal areas, hallways and bathrooms. We advised that more care was needed to be taken with the storage of disposable gloves. The provider took steps to store the gloves away from people to mitigate any risks that they may be accidentally ingested.

Records relating to people's care and support at times lacked detail to promote person-centred care. Decisions held in people's best interests were not always fully recorded. Although risk assessments were in place, these did not always provide sufficient detail to support staff in mitigating risks to people.

Discussions with the registered manager informed us that he was aware of this standard but had not put systems in place to provide people with accessible information.

Quality assurance systems had not been effective in ensuring that standards in relation to record keeping had been consistently maintained. In addition, the systems in place had failed to highlight some of the issues found during this inspection.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Feedback was given after the first day of inspection and the registered manager was aware of some of these issues and had an action plan in place to address them. On the second day of inspection some of the radiator covers had been fixed, all PPE had been locked away and fire extinguisher had been replaced on to the metal fixtures.

The registered manager was supported by a regional manager. A weekly report communicated to the area manager how the home was progressing in line with their action plan. This included; training of staff, contingency planning to cover staff holidays and sickness, staff supervision/dismissals, safeguarding issues and complaints. The area manager completed monthly audits for the service which showed that systems within the home were also being monitored at a senior level.

People were aware of the management team in the service and felt confident to speak with them if they needed to. People told us "There is one of them here every day," "Yes, I think they are approachable" and "I did speak to someone, I don't know his name but he seemed very reasonable anyway."

There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty through handover meetings. Handovers were completed three times a day, following these the senior care worker then emailed the information discussed to the management team and the seniors that were not on duty. This meant all management and seniors were consistently kept up to date with changes in people's needs.

Team meetings were held regularly. Staff told us these meeting were useful and the minutes showed staff were actively encouraged to provide feedback and make suggestion that could improve people's outcomes and experiences.

The service was working in partnership with a local lifestyle group. Lifestyle is run by the Humberside Police and aims to promote positivity, teamwork and community ownership. It takes place during the summer holidays and teams of young people aged 10 to 18 years old are encouraged to make a difference by taking part in community activities.

The registered manager was aware that the service required improvements and had a clear action plan in place detailing how this would be managed. Following the inspection feedback, the registered manager completed another action plan to address the issues we had discussed. This demonstrated the registered managers willingness to improve the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to maintain complete and contemporaneous records in respect of best interest decisions, risk assessments, care plans, and complaints.</p>