

# Orchard Care (South West) Limited

## Restgarth

### Inspection report

Langreek Lane  
Polperro  
Cornwall  
PL13 2PW

Tel: 01503272016  
Website: [www.restgarthcare.co.uk](http://www.restgarthcare.co.uk)

Date of inspection visit:  
28 June 2016  
29 June 2016

Date of publication:  
08 August 2016

### 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

.This inspection took place on the 28 and 29 June 2016 and was unannounced.

At the last inspection on 29 and 30 July 2015, we asked the provider to take action to make improvements in several areas. At the time of the inspection the service did not have a registered manager in place and had not notified us of significant events in line with their legal obligations. There were not enough staff to keep people safe at all times and not all staff were aware of how to identify abuse or how to report suspected abuse. We found that not all staff training had been updated or reviewed and not all staff had appropriate ongoing support such as supervision and appraisals. Due to insufficient numbers of staff people did not always have their nutritional needs met or were not provided with enough encouragement to eat. Although the service had a complaints policy, not all people's concerns were acted on or investigated and there wasn't sufficient evidence to suggest that complaints were used to make continuous improvements. We also found that people's care plans were not personalised, written with their involvement or reflective of people's needs. The provider sent us an action plan which explained how they would address these breaches of regulation. During this inspection we found these issues had been fully addressed.

Restgarth is a residential care home which provides care and support to older people who predominately have a form of dementia. Accommodation is over three floors, with spacious shared lounges and a dining room. There are also well maintained gardens which are accessible to people. The home can accommodate up to a maximum of 30 people. At the time of our visit there were 27 people living at the service.

Restgarth had a registered manager in post. 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.

We observed positive, compassionate and caring interactions between people and staff. Staff took the time to stop and chat with people and to share appropriate humour. Staff knew the people they cared for well and spoke about them with fondness and affection. One staff member said; "I love it here. I love the people".

People's care plans were detailed documents which contained information about their background, history, likes and dislikes. Staff confirmed that the care plans contained the correct guidance and information in order to provide the right level of support for people.

People enjoyed the meals. They told us they were of sufficient quality and quantity and there were alternatives on offer for people to choose from. People were involved in planning the menus and their feedback on the food was sought.

People had their healthcare needs met. For example, people told us they had their medicines as prescribed

and on time. People were supported to see a range of healthcare professionals including district nurses, chiropodists, doctors and social workers.

People were kept cognitively and socially engaged through a range of activities, both inside the service and in the local community. The service employed an activities coordinator and there was something on offer each day. People were involved in suggesting activities.

People were kept safe by suitable staffing levels. People told us there were enough staff on duty. This meant that people's needs were met in a timely manner. Interactions between people and staff were unhurried. Staff recruitment practices were safe. Checks were carried out prior to staff commencing their employment to ensure they had the correct characteristics to work with vulnerable people.

Staff had sufficient training to carry out their roles effectively. Staff had received training relevant to their role and there was a system in place to remind them when it was due to be renewed or refreshed. Staff were supported by a comprehensive induction and there was an ongoing programme of supervision, competency checks and appraisals.

Staff were knowledgeable about the Mental Capacity Act and how this applied to their role. Where people lacked the capacity to make decisions for themselves, processes ensured that their rights were protected. Where people's liberty was restricted in their best interests, the correct legal procedures had been followed. People were involved in planning their care and staff sought their consent prior to providing them with assistance.

There was a safeguarding adults policy in place at the service and staff had undergone training on this subject. Staff confidently described how they would recognise and report any signs of abuse. There were policies in place around the duty of candour and whistleblowing which staff were aware of and applied to their practice. This encouraged an ethos of openness and honesty.

People, staff and relatives were encouraged to give feedback through a variety of forums including team meetings, residents' meetings and questionnaires. This feedback was used to drive improvements within the service. There was a system in place for receiving and managing complaints. People and relatives said they felt confident that if they raised concerns these would be dealt with appropriately. There was an effective quality assurance system in place with a range of audits including, medicines, care records and staff and resident satisfaction surveys.

## 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.

People were supported by sufficient numbers of skilled and experienced staff to meet their needs.

People were protected by staff who understood and managed risk.

People were protected by staff who knew how to identify signs of abuse and how to report any concerns.

People had their medicines managed safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received training and had the right competencies, knowledge and skills to meet their individual needs.

People were supported by staff who had good knowledge of the Mental Capacity Act 2005, which they put into practice to help ensure people's human and legal rights were protected.

People were supported to maintain a healthy balanced diet.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who respected their dignity and maintained their privacy.

People were proactively supported to express their views, and were supported by staff who understood their history, strengths and goals.

People were supported by staff who showed kindness and compassion. Positive caring relationships had been formed between people and staff.

### Is the service responsive?

Good ●

The service was responsive.

Care records were personalised and focused on a person's whole life.

People were encouraged to remain physically and cognitively engaged. Staff understood the importance of companionship and social contact.

There was a system in place to receive and investigate complaints and people and residents were aware of it.

### Is the service well-led?

Good ●

The service was well-led.

There was a culture of openness and honesty. Management were approachable and there was a clear management structure.

People were supported by staff who were motivated to develop and provide quality care.

People were placed at the heart of the service. There was a clear vision of continuously striving to improve.

# Restgarth

## **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.

This inspection took place on 28 and 29 June 2016 and was unannounced. This inspection was undertaken by one inspector and one 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.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection and our previous inspection reports. A notification is information about important events, which the service is required to send us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with ten people who used the service and four relatives. We also spoke with six members of staff, the deputy manager and the registered manager. After the inspection we contacted three health care professionals who were familiar with the service and asked for their feedback.

We looked at five records which related to people's individual care needs. We viewed three staff recruitment files, training records and records associated with the management of the service. This included policies and procedures, complaints and quality monitoring.

# Is the service safe?

## Our findings

At the previous inspection, the provider was not meeting the regulations in relation to safe staffing levels, staff understanding their role in relation to recognising and reporting potential abuse and in recording in relation to risk. The provider sent us an action plan which explained how they would address these breaches of regulation. During this inspection we found these issues had been fully addressed.

People told us they felt safe. Comments included; "I feel safe here"; "Staff are always popping in to check if I'm ok" and "The girls are always asking if I'm alright, they look after me so well". One relative said; "My relative tells me and I see for myself that the staff are always popping in to check [name of person] is ok".

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Policies and procedures were available for staff to advise them of what to do if they witnessed or suspected any incident of abuse or discriminatory practice. Records evidenced all staff had received safeguarding adults training. Staff confirmed they were able to recognise signs of potential abuse, and felt reported signs of suspected abuse would be taken seriously. Staff comments included; "If I ever witnessed anything I'd report it straight to the management or go above them"; "I don't put up with anything untoward" and "I'd report it immediately or whistleblow".

People were kept safe by sufficient numbers of staff. The provider used a dependency tool to establish if there were enough staff to care for people and this was reviewed when new people came to live at the service. We observed staff interacting with people in an unhurried way and having time to respond to their needs in a timely manner. Staff took time to stop and speak to people when they passed them in the lounge or as they walked past in the corridors. People told us there were enough staff on duty to help keep them safe. One staff member said; "There are enough staff on duty to meet people's needs. We are up to our maximum staffing levels at the moment".

People were protected by safe staff recruitment practices. Records evidenced that all employees underwent the necessary checks prior to commencing their employment. to confirm that they had the correct characteristics and were suitable to work with vulnerable people.

People were supported by staff who managed risk effectively. Staff understood the importance of a person's choice, regardless of their age or disability, to take everyday risks. Staff actively supported people's decisions so they had as much control and independence as possible. One staff member said; "We always try to keep people independent with things. We use prompts rather than doing it for them". Staff were knowledgeable about people who had behaviour that may challenge others. Care records, where appropriate, contained risk assessments and risk management tools regarding people's behaviour, that may put themselves or others at risk. This enabled staff to receive personalised guidance to best meet individual's need and helped keep people safe.

People had PEEPS (personal evacuation plans) in place to provide guidance on what support they would need should an evacuation be required. The service also had contingency plans in place to deal with

emergency situations such as fire, flood or bad weather. A place of safety had been identified locally where people could be relocated in the event of an unexpected issue arising. Staff had been trained to understand what their role was in the event of a fire and fire risk assessments were in place and up to date.

People were kept safe by a clean and hygienic environment. The home was visibly clean, with hand sanitising gel, gloves and aprons throughout the building which we saw staff using throughout the inspection. Cleaning rotas were evident throughout the home and there were infection control audits. There were contracts in place for the disposal of domestic and clinical waste.

People's medicines were stored, administered and disposed of safely and staff had undergone training to administer medicines. People told us they had their medicines as prescribed and on time. Medicine administration records (MAR) had been signed and updated to ensure medicines were correctly administered. Where refrigeration was required, this fell within the correct temperature guidelines. People had detailed information in their care plans about their medicines and what condition they were taking them for.



# Is the service effective?

## Our findings

At the previous inspection, the provider was not meeting the regulations in terms of meeting people's nutritional needs and in providing supervision and support to staff to carry out their roles effectively. The provider sent us an action plan which explained how they would address these breaches of regulation. During this inspection we found these issues had been fully addressed.

People were supported by staff who had undergone training to carry out their roles effectively. Comments from staff included; "The managers will always sort any training I need and we are supported to do it", "I've had lots of training, I've got three days coming up soon" and "It feels like every time we come to work there is some new training on offer". The registered manager had a system in place to ensure staff were trained in all areas identified by the provider as being mandatory and to remind them when training was due to be renewed or refreshed.

New staff underwent a thorough induction process which incorporated the Care Certificate. The Care Certificate has been introduced to train all staff new to care to a nationally agreed level. New staff shadowed more experienced staff and did not lone work until they had completed their induction. One staff member said; "The induction was lovely. I had shadow shifts which I found more beneficial than just being told to read care plans". There was ongoing regular supervision for staff on a one to one basis as well as an annual appraisal.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 a person lacks the mental capacity to make particular decisions, any made on their behalf must be in their best interests and the least restrictive available. If a person lacked capacity their care was discussed with a range of professionals and family, where appropriate, to ensure the decisions were made in the person's best interest. People had decision specific mental capacity assessments on their files where it was required. Staff had undergone Mental Capacity Act training and had a good understanding of the principles of the Act and how this applied to the people they supported.

People can only be deprived of their liberty in order to receive care and treatment which is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had sought authorisations under DoLS when they were required and the documentation was stored in their files alongside information on what this meant for the person being supported.

People's consent was clearly obtained by staff prior to them undertaking a task, for example, we saw staff asking people how they wanted to have their medicines and also seeking permission before entering their

bedroom. People's files also indicated where people had consented to elements of the care plan, or where a best interest decision had been made for those who lacked capacity to give their consent.

People had their nutritional and hydration needs met. Hot and cold drinks were available for people throughout the day. We observed people having their lunch. People either chose to eat in the dining room or in their bedroom. The atmosphere during lunch was pleasant and relaxed. Tables were laid with table cloths and flowers, and people were offered a range of drinks with their meals. Where there were different meal options to choose from, staff brought both out on a tray for people to visually decide what they wanted. This was useful for those with dementia who may have had difficulty in making decisions. People enjoyed the meals. Comments included; "The food is very good, in fact I would say excellent"; "The food is very good and always hot"; and "They serve first class, hotel food". People were involved in planning the menus at the residents' meetings and were able to request meals to be added to the monthly menu plan. Referrals were made to SALT (speech and language therapists) or dieticians as required. Food and nutrition charts were completed and information was carried through to people's care plans and risk assessments as required. We observed people enjoying a barbeque meal which had been planned with posters displayed around the home to remind people it was taking place. We also observed some people were offered straws if they found it difficult to hold their cup or glass.

People had their healthcare needs met. Records indicated they saw a range of health and social care professionals including GPs, chiropodists, speech and language therapists and dentists, as required and staff supported people to attend appointments where necessary. One person told us that district nurses were visiting them daily to monitor a health issue.

People's bedrooms were personalised and they were able to choose how they were decorated. Shared spaces were bright and decorated to a high standard. There was a lift and stair lift which were used to enable people to access different parts of the building. Corridors were wide enough for wheelchairs and other equipment and were fitted with handrails. There was signage around the home to help people orientate themselves. Adaptations had been made to support those with dementia. For example, one staff member suggested that the black and white cups cold drinks were served from might not be easy for a person with dementia to see. In response, these were replaced with brightly coloured beakers. There were well maintained gardens with seating which people could access as they wished. One staff member said; "It's a lovely home, so comfortable and clean. There is such attention to detail. The moment something looks at all tatty its replaced".

## Is the service caring?

### Our findings

People told us they were well cared for. Comments included; "The staff here are so kind"; "They are absolutely brilliant"; "I get on very well with the staff, they all know my name" and "You can't fault the staff here. They are brilliant".

Staff demonstrated respect towards people and showed concern for their wellbeing. One staff member told us; "We are working in their home rather than them living in our workplace".

Staff told us they felt passionate about the support they provided and explained the importance of having a caring approach and making people feel they mattered. Staff comments included; "they can ask us for anything and we try our very best to make it happen"; "It's a homely, loving feeling here"; "If someone wants a hug we give them a hug" and "We are friendly and approachable. Not just a walking uniform". We observed positive interactions between people and staff. Staff stopped and talked to people as they passed them and shared appropriate humour. One staff member said; "Humour goes a long way".

People who were new to the service were given extra care and support in order to help them settle in. A staff member sat at the table and had lunch with one person who was new to the service, recognising that this may be a daunting experience initially. The staff member offered company and helped the person feel at ease. The person seemed to value this and appeared relaxed whilst eating their meal.

People confirmed their privacy and dignity were protected. In people's records, there was information about how staff should access their bedroom. For example, if they preferred them to knock and wait to be invited in, or whether to knock and enter. We observed staff putting this into practice throughout the inspection. Staff told us they would always try to respect people's dignity. One person felt self-conscious about eating in front of others and staff were aware of this, so would position them in a way where they didn't feel they were being watched during mealtimes.

People were supported to express their views through a variety of forums including residents' meetings. People were also actively involved in decisions about their care and involved in developing and reviewing their care plans.

Staff knew the people they cared for well, including their background, history and likes and dislikes. One staff member offered a person sitting in the lounge a blanket and explained that they particularly felt the cold. People were allocated a keyworker who was responsible for updating and reviewing their care plans.

People told us they were made to feel special. A cake was always baked for them and they were given cards and presents on their birthday. One staff member said; "We celebrate birthdays with cakes and presents. Relatives and visitors are invited and we make them a special birthday table".

## Is the service responsive?

### Our findings

At the previous inspection, the provider was not meeting the regulations in terms of managing complaints and learning from them. In addition people's care plans were not personalised and did not reflect their current needs. The provider sent us an action plan which explained how they would address these breaches of regulation. During this inspection we found these issues had been fully addressed.

People received consistent personalised care, treatment and support. Prior to coming to live at the service, information was gathered from the person, their family and professionals. This was important for staff in understanding not only the person's support needs but also their history, strengths and aspirations for the future. People and their relatives were invited to come and look around the service to ensure it was the right place for them.

People's care records were comprehensive, personalised documents which guided staff on how to meet their needs. For example, one person had arthritis. The care plan described the condition, what it meant for the person in terms of their ability to perform certain tasks and ways in which staff could support the person, for example through pain relief. Care plans also contained detailed information about the person's preferences. For example their night time needs such as whether the person liked a light to be left on, how many pillows they liked and whether they liked a hot drink before bed.

People's care records evidenced any changes in their needs and what action staff had taken as a result. For example, one person had a weight chart which indicated that they had gained weight. This was detailed in their care plan and daily notes and a referral had been made to a cardiac nurse as a result. Another person had experienced episodes of incontinence and a prompt referral had been made for a continence assessment. Care records were well organised and easy to navigate with important information, for example, about any allergies, highlighted at the front. Records were reviewed monthly by the person's allocated keyworker and also audited regularly by the registered manager.

Accidents and incidents were recorded and audited to look for any recurrent themes. This information was then used to update people's care plans and risk assessments. One audit highlighted that a person had been having an increased number of falls. It was identified that there was a trip hazard in their bedroom which staff took action to remove, resulting in reduced falls for this person.

People had access to a range of activities in order to keep them socially and cognitively engaged. The service employed an activities coordinator and people were involved in arranging the programme of activities for the month ahead through discussions at the resident's meetings. There was a diverse range of options available such as massage therapy, manicure sessions and visits from petting animals. There were weekly DVD nights with popcorn, crisps and chocolate which were particularly popular with people. The service had its own transport which was used to take people for trips out, for example, trips to the beach for ice cream. Comments from people included; "I love it on Fridays when we write poetry" and "I love flowers and they are arranging a flower lady to come to the home".

People were supported to maintain relationships with people that mattered to them. There were no restrictions on visiting times and relatives came and took people on outings as they wished. One person regularly went out with their husband for coffee and another person told us their son visited weekly and took them for a trip to the local pub. Staff recognised the importance of people maintaining their relationships and made visitors welcome. One staff member said; "When people visit we make sure they are offered refreshments and take time to chat with them".

The service produced a monthly newsletter which was displayed on notice boards around the service, to advise people and visitors of important events that had recently occurred. For example, there was information about the unveiling of the new handmade Restgarth sign by the local mayor which had recently taken place. This sign featured the words, compassion, dignity and respect

People had a "hospital traffic light assessment" in their care records. This document contained detailed information about the level of support a person would need and the way they would like to be cared for should they need to be admitted to hospital.

Staff were adaptable to people's needs. One staff member told us they had ordered large print knitting patterns for a person with sight loss who liked to knit. Before the large print ones had arrived, the staff member typed patterns out herself so the person could continue to enjoy their hobby.

There was a system in place for receiving, investigating and managing complaints, supported by a policy. People and relatives said they felt confident to raise a complaint and felt that it would be dealt with to their satisfaction. If concerns had been raised, they were dealt with in a timely manner, an apology had been made and plans had been put in place to make improvements.

# Is the service well-led?

## Our findings

At the time of the previous inspection, the provider was not meeting the regulations in terms of the requirement to have a registered manager in post. In addition, they had not submitted all the notifications they were required to submit to CQC by law. The provider sent us an action plan which explained how they would address these breaches of regulation. During this inspection we found these issues had been fully addressed.

People felt the service was well-led. Comments included; "The manager and the staff are so good" and "I looked around other homes before I came here and this was streets ahead".

The registered manager was visible within the home and was observed to help serve lunch and to routinely stop and talk with people. One member of staff said; "The managers don't hide away in an office. They are always on the floor and it's comforting to know that". Staff also felt that the registered manager was approachable. One staff member told us; "The managers are very, very friendly. You can talk to them about anything".

Staff were able to raise suggestions and told us they were implemented by management where possible. Comments included; "If we ask for something and its viable, they change it"; "I requested a reclining chair for a person's bedroom and they put it in place" and "It's nice to know we are being heard". There were regular team meetings where staff could make proposals to managers in people's interests. One staff member said; "Sometimes we are their voice".

There were regular residents meetings where people were able to put forward suggestions on service development and how they wished to be supported. People felt their suggestions were listened to and acted upon wherever possible by management. At one residents meeting, someone had requested more Italian food to be added to the menu and this had been done. Another person had commented that they wanted to have their room redecorated and a date had been set for this work to commence with the person's involvement.

Staff were happy in their work, understood what was expected of them and were motivated to provide a high standard of care. Comments included; "I love it here"; "Great team, great management, great place"; "I love coming to work" and "It's very rewarding".

The registered manager operated an effective quality assurance system. Questionnaires were sent to people and relatives annually in order to gain their feedback on the service and to make changes if required. There were a range of audits in place such as medicines, accidents, falls and cross infection to raise standards and drive continuous improvement. There were regular checks to ensure the building and equipment were safely maintained. The utilities were also checked to ensure they were safe.

The registered manager knew how and when to notify the Care Quality Commission (CQC) of any significant events which occurred, in line with their legal obligations. They also kept relevant agencies informed of

incidents and significant events as they occurred. This demonstrated openness and honesty. The registered manager had a policy in place on the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager also had a policy in place on whistleblowing, which staff were knowledgeable about. The policy supported staff to question practice. Staff confirmed they felt confident to raise any concerns with the registered manager or to go further up the management hierarchy and that they would be dealt with appropriately.

There were clear lines of accountability within the management structure and the registered manager was supported in their role by a senior management team who were also visible within the service. There were regular meetings with senior management to provide oversight on the running of the service and to drive improvements.

There were a range of up to date policies which were accessible to staff and provided guidance and important information. These were reviewed and updated annually by the registered manager.