

Flightcare Limited

Orchard Nursing

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Orchard Nursing is a care home registered to provide nursing care to up to 31 people, including people living with dementia. At the time of the inspection there were 18 people living in the service.

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

Improvements to how risks to people were assessed, monitored and managed were evident. There were clear plans in place to guide staff on how to manage risks relating to the health, safety and welfare of people. Risks to people were monitored in line with risk management plans and monitoring records were completed as required. However, these improvements were recent, and they needed to be sustained.

Regular safety checks were carried out on the environment and equipment and records of the checks were maintained.

Safe infection prevention and control (IPC) measures were in place and followed. There was a COVID-19 testing programme in place for all staff including agency staff and a record of tests carried out was maintained. The hygiene and cleanliness of the service was maintained to a good standard. There was a good stock of PPE and staff used and disposed of it safely.

There was the right amount of suitably skilled and experienced staff to safely meet people's needs. More than 80% of staff had completed the required training and further training was planned. The successful recruitment of permanent staff had led to a significant reduction in the deployment of agency staff. Applicants underwent a series of pre-employment checks to make sure they were right for the job.

Medicines were now more safely managed. Staff responsible for managing medicines had completed the required training and competency checks. There was detailed guidance for staff to follow on how to administer people's prescribed medicines including 'when required' medicines. Records were maintained of medication room and fridge temperatures and stocks of medicines kept at the service. The service needs to demonstrate that these improvements can now be sustained.

People were protected from the risk of abuse. Most staff had completed safeguarding training. Staff were knowledgeable and confident about recognising and reporting any allegations of abuse. People told us they felt safe at the service and were treated well by staff. Family members were confident their relatives were kept safe.

A new manager was appointed following the last inspection. The manager understood their role and responsibilities and regulatory requirements. We received positive comments about the way the service was managed and about the positive changes made, including improvements to the culture of the service.

Governance systems were now being used effectively. Audits and checks were carried out consistently and

used to drive improvement to the quality and safety of the service. However, these improvements were all relatively new and the new systems needed to be embedded into the service.

There was good partnership working and communication with external health and social care professionals and good communication with people, family members, staff.

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

Rating at last inspection and update

The last rating for this service was inadequate (published November 2021). At the last inspection, significant breaches of Regulations 12 (Safe care and treatment), 17 (Good Governance) and 18 (Staffing) were identified. The service was placed in Special Measures.

At this inspection, the service has improved to requires improvement. Improvements were found across the service and the provider was no longer in breach of Regulations 12 (Safe care and treatment) 18 (Staffing) and 17 (Good Governance). However, improvements made were recent and needed to be embedded and sustained over a longer period to achieve a rating of good.

This service has been in Special Measures since November 2021. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

A decision was made for us to inspect, examine and follow up what improvements had been made since the last inspection in September 2021. Due to the COVID-19 pandemic, we undertook a focused inspection to only review the key questions of Safe and Well-led. Our report is only based on the findings in those areas reviewed at this inspection. The ratings from the previous comprehensive inspection for the Effective, Caring and Responsive key questions were not looked at on this occasion. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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

Follow up

We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Orchard Nursing

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by two inspectors.

Service and service type

Orchard Nursing is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the service since the last inspection. We also obtained information about the service from local authorities and local safeguarding teams.

The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people about their experience of the care provided. We also spoke with the manager, deputy manager, regional manager and seven staff including a nurse, care workers and ancillary staff.

We reviewed a range of records. This included four people's care records and a selection of people's medication records. We looked at recruitment records for three staff employed since the last inspection.

After the inspection visit

Due to the impact of the COVID-19 pandemic we limited the time we spent on site. Therefore, we requested records and documentation to be sent to us and reviewed these following the inspection visit. We looked at policies and procedures, quality monitoring and staff training records.

We spoke over the telephone with five family members about their experiences of the care provided to their relatives.

We continued to seek clarification from the provider to validate evidence found.

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 inadequate. At this inspection this key question has improved to requires improvement. This meant people's safety had improved. However, many of the improvements were recent and needed to be embedded and sustained over a longer period to achieve a rating of good.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection the provider failed to adequately assess and mitigate risk to people. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risks to people were now assessed, monitored and safely managed.
- There were clear plans in place to guide staff on how to minimise risks to people. People's care was monitored, and outcomes recorded in line with their risk management plans. This included daily monitoring and recording of diet and fluid intake and repositioning.
- Accidents and incidents were now recorded and investigated, and they were analysed to help identify any patterns or trends. Lessons had started to be learnt and measures were put in place to help minimise the risk of further occurrences. These improvements need to be sustained.
- Advice and guidance provided by external health professionals about how to safely care for people was clearly recorded in people's care records.
- Safety checks were carried out at the required intervals on the environment, utilities and equipment. A record, of the checks, were maintained.
- Each person has a personal emergency evacuation plan (PEEP). PEEPs were updated immediately following a change in people's needs to make sure they accurately reflected their needs.

Using medicines safely

At the last inspection the provider failed to manage medicines safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Medicines were now used safely.
- The temperature of medication rooms and fridges were monitored and recorded daily to ensure they were at the correct level to keep medicines safe to use.
- Staff had completed training and had their competency assessed to ensure they could administer medicines safely.

- The stock levels of all medicines kept at the service were recorded and regularly checked.
- There was detailed guidance available for staff to follow when administering 'when required' (PRN) medicines. The guidance was reviewed on a regular basis to make sure it remained relevant and up to date. Records were now maintained detailing when and why 'when required' medicines were given and these improvements needed to be embedded and sustained.

Preventing and controlling infection

At the last inspection the provider failed to ensure effective infection prevention and control systems were in place is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Safe infection prevention and control (IPC) measures were followed to minimise the spread of infection including those related to COVID-19. This included safe visiting procedures.
- All staff including agency staff completed COVID-19 testing in line with government guidance and a record of the tests and results was kept.
- The environment was clean and hygienic. Cleaning schedules were followed and recorded on completion. This included cleaning of high touch areas such as door handles and handrails.
- Staff completed infection, prevention and control (IPC) training and underwent regular competency checks to assess their knowledge of IPC procedures including the use of PPE. Staff were provided with a good supply of the right PPE and they used and disposed of it safely.

Staffing and recruitment

At the last inspection the provider failed to ensure adequate numbers of staff sufficient knowledge and skills to support people safely is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- There was the right amount of suitably qualified and experienced staff on duty to safely meet people's needs. Staffing levels and skill mix were determined based on people's needs and dependency levels.
- The manager had recently recruited a number of permanent staff at all levels which had led to a significant reduction in the deployment of agency staff. Staff told us they felt this had enabled them to provide more consistent care and support to people.
- More than 80% of staff had completed the training required of them to meet people's needs and keep them safe. Plans were in place for staff to complete all the training required of them. Family members told us they thought staff were well trained to carry out their role. Their comments included; "I have a lot of confidence in their [staff] ability" and "They [staff] are very good at what they do."
- Safe recruitment processes were followed. The required pre-employment checks were carried out on applicants prior to a job offer being made to make sure they were fit and suitable for the role.

Systems and processes to safeguard people from the risk of abuse

- There were safe systems and processes to safeguard people from the risk of abuse.
- Allegations of abuse were raised promptly with the relevant agencies and immediate action was taken to make sure people were safe, whilst investigations were carried out.

- The majority of staff have completed safeguarding training to date. Staff were confident about recognising and reporting abuse.
- People told us they felt safe and were treated well by staff. Family members told us they were confident their relatives were kept safe and treated well. Their comments included; "Very safe with them [staff]" "The staff are marvellous, can't fault them" and "I'm really confident [relative] is kept safe. [Relative] tells us staff treat them really well."

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership had improved. However, the improvements were recent and needed to be embedded and sustained over a longer period to achieve a rating of good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider failed to ensure effective systems were in place to monitor the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- A new manager had been appointed since the last inspection and they have applied to CQC to become the registered manager of the service. The manager had good knowledge and understanding of role and their regulatory responsibilities.
- Staff at all levels now had a clear understanding of their roles and responsibilities. They showed a willingness to learn and develop through training and management support. Staff praised the manager for their ongoing support and guidance and the positive changes they had made to the service. These changes now need to be embedded and sustained.
- Learning had taken place and action taken since the last inspection to improve the quality and safety of the service people received. Learning was shared across staff at all levels through meetings and supervisions
- The quality and safety of the service had improved through effective use of the providers governance systems. Checks and audits were carried out at regular intervals and any areas identified for improvement were actioned in a timely way and these improvements now needed to be sustained
- Care records and other records were regularly reviewed to make sure they were accurate, complete and up to date.
- The registered provider submitted notifications to CQC in a timely way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture of the service had now improved which led to people receiving positive outcomes. Staff reported improved morale across the staff team. Their comments included; "Things are so much better here

now under the new management, everyone seems a lot happier" and "I really enjoy coming into work, there's a really good atmosphere."

- Staff were person-centred in their approach, their interactions with people showed they knew people well and had a good understanding of their needs, likes and dislikes.
- Family members told us managers and staff had maintained regular contact with them, particularly during COVID-19 outbreaks at the service. Family members told us they were informed promptly about any changes to their relative's health or wellbeing and, when they needed input from other professionals. One family member told us "They call me to let me know when [relative] needs to see their doctor" another relative told us "I was updated straight away following a consultation."
- People were supported to maintain contact with their family members using technology. One family member told us they held regular telephone conversations and video chats with their relative.
- Staff told us they now felt listened to and valued. They told us they were kept up to date about the service and changes in guidance which impacted on their work.

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; Working in partnership with others

- The provider acted on their duty of candour. They were open and honest with people, family members and relevant others. They shared the findings of the last inspection and their plans for improving the service.
- Investigations were carried out in response to complaints received about the service and incidents which occurred. Outcomes of investigations and lessons learnt were shared with the relevant people.
- There was good partnership working with external health and social care professionals to make sure people received holistic care and support. Managers worked collaboratively with local authority commissioners and safeguarding teams.
- Relevant others including CQC were notified in a timely way about incidents, events and changes at the service. Family members told us they were informed about the management changes at the service when they occurred.
- The ratings from the last CQC inspection were displayed at the service and on the providers website.