

Care People Private Limited

The Orchards

Inspection report

13 Peaks Lane
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Tel: 01472815876

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an unannounced focused inspection of The Orchards on 27 December 2017. We had received concerns about another of the provider's services and we wanted to be assured The Orchards did not have similar concerns. We inspected the service against three of the five questions we ask about services: is the service safe, is the service effective and is the service well-led. No risks, concerns or significant improvement were identified in the remaining two key questions through our ongoing monitoring or during our inspection activity, so we did not inspect them.

The Orchards is a care home which accommodates a maximum of 21 people in one adapted building. The home has two communal lounges and one dining room. There were nineteen bedrooms, two of which may be used as shared rooms, and sufficient bathrooms on both floors. A passenger lift services the first floor. There is a car park, and the home is close to local amenities. At the time of our inspection, 18 people were using the service although one person was in hospital.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The Orchards is registered to provide care and accommodation for older people, some of whom may be living with dementia.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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 found the provider failed to ensure the premises were safe because electrical safety checks were not always completed in a timely manner. We saw previous certificates had expired and one test had not been completed for over two years.

You can see what action we told the provider to take at the back of the full version of the report.

Quality monitoring systems were not always sufficient to identify shortfalls in the service and to drive continuous improvement. We have made a recommendation about the provider ensuring the findings of audit action plans are carried out and to use the results of audits to drive continuous improvements in the service.

There were insufficient plans to guide staff in emergencies, except in the event of a fire. For example, there were no plans for what to do in the event of utility failure or flooding. However, staff were knowledgeable about how to keep people safe and told us the actions they would take in emergency situations. Staff were also clear about their responsibilities to report any abuse or poor care they became aware of. We saw there were systems in place to protect people's monies deposited within the service. People told us they felt safe

and we saw there were risk assessments in place to keep people safe.

At our last inspection, we recommended the provider complete some actions to ensure medication practices were safe. At this inspection, we found these had been completed accurately. People received their medicines as prescribed.

There were few accidents and incidents. These were analysed to identify any patterns or trends, and actions were recorded to reduce reoccurrence.

Staff were recruited safely and staffing levels were sufficient to meet people's individual needs. People were supported by staff who had a good level of skills and knowledge. Staff received induction, training, supervision and appraisals as required.

The registered manager was aware of their responsibilities for completing notifications and these had been submitted as required to both CQC and safeguarding authorities. They were also aware of their responsibilities regarding the Mental Capacity Act 2005. People had mental capacity assessments in place and when people were assessed as lacking capacity to make their own decisions, people involved in their care were consulted or invited to best interest meetings. Advocates and other professionals were used to ensure people's views and opinions would be taken into account. Deprivation of Liberty Safeguards (DoLS) applications had been submitted as required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We saw people's nutritional and health needs were met in a timely manner. People were referred to healthcare professionals when required and their advice was followed. People were offered choices of food and drink, their dietary needs and individual preferences were met.

People's rooms were personalised and the environment had a homely feel. Some steps had been taken to make the environment dementia-friendly, however people, their relatives and staff had all identified the décor could be improved. We have made a recommendation about the provider improving the environment to make it more dementia-friendly.

There were positive comments regarding the registered manager and provider. People were regularly asked for their views and opinions on the service through surveys and meetings, and we found there was an open-door policy where people could access the registered manager at any time. There were service user guides in each person's room that included relevant information, which people may require.

The service was clean, tidy and free from unpleasant odours. We saw staff wore personal protective equipment (PPE) and cleaning equipment was stored securely. There was a designated member of staff for infection prevention and control.

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 consistently safe.

The certificate for one electrical safety check had expired and another safety check was not completed in a timely manner.

Business contingency plans gave staff guidance for procedures in the event of a fire but not for other emergency situations. Medicines were administered as prescribed and there were policies in place. New procedures had reduced medicine errors.

Staff were recruited safely and were knowledgeable about how to keep people safe from abuse and avoidable harm. Staffing levels were sufficient to meet people's individual needs.

People told us they felt safe. We saw there were few accidents and incidents, and there were assessments in place to help minimise risk.

Is the service effective?

Good 

The service was effective.

The provider acted within the law regarding carrying out mental capacity assessments and holding best interest meetings when people lacked capacity. Relevant people were consulted and advocates were used to ensure people's views and opinions were taken into account.

People's health and nutritional needs were met. Food was healthy and choices were given. Staff received training, supervisions and appraisals as required. Induction was linked to the Care Certificate.

The environment had a homely feel, however people had identified the décor could be improved to be more dementia-friendly.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

Quality assurance systems did not always identify shortfalls in the service and did not drive continuous improvements. Action plans were not always completed in a timely manner.

The registered manager was accessible. There were opportunities for people to express their views and opinions through meetings, a suggestions box and speaking to the registered manager when required.

The registered manager ensured the Care Quality Commission and safeguarding authorities were notified of incidents as required.

The Orchards

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 by notification of an incident at the provider's other service. The information shared with the Care Quality Commission (CQC) about the incident indicated potential concerns about the management of risk regarding the safety of premises, infection control and the overall management of the services. This inspection examined those risks.

Prior to the inspection, we reviewed information we already knew about the service. We looked at notifications that the provider had submitted to CQC. Notifications are forms, which the provider has to submit to us by law. They tell us how the provider manages incidents and accidents for people in their care. The provider had not yet been asked to complete a Provider Information Return (PIR). This form asks the provider to give information about the service, what it currently does well, and what it hopes to implement in the next year. We contacted the local authority commissioners, safeguarding team and local fire officers to gain their views about the service.

After reviewing the information, we decided to focus our inspection on three key areas; safe, effective and well-led.

This unannounced inspection took place on 27 December 2017 and was undertaken by two Adult Social Care inspectors.

During the inspection, we talked with two people who used the service, one relative, the registered manager and three members of staff. 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 observed how staff interacted with people in the communal areas of the service and we completed a tour of the building.

We looked at four people's care records and five medication administration records (MARs). We reviewed how the service used the Mental Capacity Act 2005, to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held to make important decisions on their behalf. We also looked at questionnaires, which people who used the service and their relatives had completed.

We saw documentation and records relating to the day-to-day running and management of the service. These included certificates for the safety of the premises and equipment, audits and minutes of meetings.

After the inspection, we asked the provider to send us further information regarding electrical safety, business continuity plans and minutes of meetings for people who used the service and their relatives. This information was received by the requested time, which helped us to make a judgement about the service.

Is the service safe?

Our findings

We found the premises were not safely maintained. Certificates did not show the electrical systems were continually safe. One electrical safety check certificate had expired two years previously, and another electrical testing certificate had been completed over one month after its expiry date. This meant the provider could not be consistently assured of the safety of the electrical systems in the premises. We brought this to the attention of the registered manager who informed us the provider took responsibility for arranging electrical testing. After the inspection, we received assurances the testing had commenced and any work identified would be completed.

Not ensuring the premises were properly maintained was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report.

We saw there were individual personal emergency evacuation plans (PEEPs) in place for people who used the service. The registered manager told us these were kept near a door so they could easily be accessed in cases of emergency. Fire evacuation drills were completed regularly and all staff had participated within the last year. A member of staff told us, "We'd make sure all the residents were safe; we'd move them from the actual fire zone." We saw fire safety checks were completed weekly and a portable fire appliance audit was completed monthly. This meant the registered manager was assured equipment was available and intact.

We found there were not sufficient plans in place to guide staff in the event of other emergencies. We asked the registered manager for business continuity plans and were told the only plans in place were for evacuation in the event of fire. We discussed this with the registered manager and were told similar procedures would be followed in the case of other emergencies or events. In discussions with staff, we found they were aware of the procedures in the event of a fire, and they told us they would follow similar procedures for other emergencies and would contact a manager. They said, "I presume what we'd do is make all the residents safe, I'm sure we'd have a check list somewhere" and "I'd phone the manager." After the inspection, we received business continuity plans, which covered further emergencies, such as utility failure, no laundry facilities and failure of the passenger lift.

People told us they felt safe. One person said, "It's homely and friendly here." We observed staff used moving and handling equipment safely, and reassured people they were safe whilst doing this.

Staff were knowledgeable about how to keep people safe from abuse and avoidable harm. In discussions, they described the different types of abuse that could occur and it was clear they understood their responsibilities to report any abuse or poor care they became aware of. Staff had completed training in safeguarding and they told us, "I'd report it, definitely; that could be your family member" and "I'd report it straight away to [Name of registered manager]." One member of staff said they always protected the rights of individuals and stated, "We've got three residents here who can't speak, who speaks up for them, if not us."

Systems were in place to protect people's monies deposited within the service for safe keeping. We saw individual records were maintained and the manager's signature was obtained when monies were deposited or withdrawn. Regular audits of monies kept on behalf of people who used the service were carried out. This helped to protect them from financial abuse.

We saw there were risk assessments in place to keep people safe. These were sufficient to guide staff in minimising risks to people and were reviewed regularly. The risk assessments included areas such as electrical appliances, falls and self-medication.

At our last inspection, we recommended the provider reviewed their medicine policy and followed national guidance to ensure medication practices were safe. At this inspection, we found these had been completed accurately. The registered manager told us that as a result of previous unsatisfactory medicine practices, staff now stock-checked medicines after every administration round. They said this ensured any mistakes were identified quickly and could be rectified in a timely way. We found people received their medicines as prescribed. We saw charts were used to record topical medicine application such as creams and medication administration records (MARs) were used for all other medicines. This meant all medicines were recorded and staff were assured of the correct place for topical applications. We observed people receiving their medicines and saw they could refuse them if they wished.

We found there were few accidents and incidents and these were well-managed. We saw staff were encouraged to consider how to reduce the likelihood of reoccurrence by analysing them, and making any suggestions on what could be done differently. Staff recorded their actions and reasoning so lessons could be learnt. They said this meant in future, similar accidents and incidents could be avoided.

We found the service was clean and tidy. There was a designated member of staff for infection prevention and control and we saw staff completed checklists on a daily basis, to enable compliance with policies. We saw equipment and cleaning products were stored securely, and equipment safety checks were completed daily. This meant people did not have access to products which they may injure themselves with, and also meant that any issues with equipment were quickly identified. The registered manager told us staff received a yearly update in infection prevention and control training, so they were aware of current best practice.

We found staffing levels were sufficient to meet people's individual needs. The registered manager told us the shifts were scheduled so an effective handover could be given to staff coming on duty. This meant staff were aware of any issues or concerns from the previous shift. We saw minutes of a residents and relatives meeting had recently discussed staffing levels and no issues had been raised regarding these.

Staff were recruited safely and relevant checks were undertaken to ensure they were suitable to work with adults at risk. These included application forms, identification checks, references and Disclosure and Barring Service (DBS) checks. The DBS helps employers to make safer recruitment decisions and prevents unsuitable people from working in the care industry. We saw these checks were in place before the staff commenced work and staff confirmed this was the case.

Is the service effective?

Our findings

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 authorisation procedures for this in care homes and hospitals are 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 were being met. People had mental capacity assessments in place and these were sufficient to guide staff in understanding their individual needs. We found staff had a good understanding of capacity and they told us, "If someone's okay to make the decision themselves, they should make it." We saw best interest meetings had been completed where necessary and relevant people had been invited. Staff told us family, social workers and advocates were used to ensure people's views and opinions would be taken into account. We saw DoLS applications had been submitted as required, and five had been authorised.

People were asked to consent to their care and they told us they were supported by staff who understood their individual needs and gave them options. One person said, "They ask me before they do anything." We saw on a survey, people had written, "I feel you all understand me", "I get a lot of choices", "I do nearly everything on my own, except I can't cook", "Staff knock on my door" and "I'm quite independent."

People's health needs were met in a timely manner. We saw people were referred to healthcare professionals as required and their advice was followed. For example, we saw the service worked with district nurses and occupational therapists regarding pressure care for people who had fragile skin.

We found people's hydration and nutritional needs were met. We observed people received hot and cold drinks regularly throughout the day, the food was healthy and people were offered choices. The cook told us they personally asked each person what they would like for their lunch and dinner so their individual preferences were met. A member of staff said, "They get good choices of food and are asked what they would like." Dietary needs were catered for and we saw staff ensured people who required support to eat, received this. We observed staff helped people to eat their food in a patient, caring manner. We saw the advice of professionals such as Speech and Language Therapists (SaLT) was followed and some diets were fortified to ensure adequate nutrition. The service had recently received a Food Hygiene Rating Scheme (FHRS) score of five following an unannounced inspection from the local authority. This is the highest score possible and denotes a very good standard of food hygiene in the service.

We found staff had a good level of skills and knowledge. People who used the service told us the staff were

well-trained and seemed to enjoy their work, and they said, "They're very hardworking staff." One member of staff told us how much they enjoyed their job and said, "I love it actually, I do."

Staff received an induction when they commenced work at the service. The induction was linked to the Care Certificate, which is a nationally recognised standard of training for staff in health and social care. The registered manager said that induction was completed over a three-month period and that staff did their formal training, completed a workbook, and were observed in practice to ensure competency. Staff told us, "I shadowed staff for a while; other carers showed me what to do. [Name of registered manager] asked me about going solo before letting me" and "Induction was good; I got to know the residents before I was responsible for caring for them." The induction process meant the registered manager was assured of the competency of staff prior to them working alone.

We found staff were well-trained and had completed relevant courses such as moving and handling, health and safety, MCA and DoLS, emergency first aid, infection control, fire safety and safeguarding. Some staff had completed more specialist training according to their job role, such as dignity in care, end of life care, dementia and person-centred planning. We saw staff had completed a self-audit tool regarding dignity. This aimed to raise their awareness and to improve practice. Staff told us the training was good at increasing their knowledge. They said, "The training is good; you learn quite a lot."

We found staff received supervision and appraisal as required. Staff told us, "I receive supervision every two or three months from a senior." They said they could talk about any issues, which concerned them with the senior member of staff who did their supervisions.

We saw some steps had been taken to make the environment dementia-friendly; there were signs and a small colour panel on some people's doors. These would help people to locate their bedroom. We found staff were aware of best practice for people with dementia and they told us, "Patterned carpets are not dementia-friendly; we could do with replacing them." We saw recent minutes of a residents and relatives meeting had discussed the décor, and the registered manager had advised people that a plan was in place to decorate the premises.

We recommend that the provider refer to current guidance in making the service décor more dementia-friendly.

We saw people's rooms were personalised and we looked at comments on questionnaires completed by relatives. These showed people thought the environment was homely. Comments included, "It's very welcoming" and "A very warm, caring, friendly place." Staff told us some people's rooms had recently been decorated.

We saw people had pre-admission assessments in place prior to residing at the service. This meant staff had information about people's needs and could provide for them from the day of their admission.

Is the service well-led?

Our findings

We found there were positive comments regarding the registered manager and provider. Staff told us, "Yes, [Name of registered manager] is approachable", "They're really good, you can ask them questions", "The manager's fine; they're okay. I've only met one of the owners and seen the other two very vaguely" and "I've met [Name of one of the providers], they're nice; they speak to the residents." Staff also said there was always someone on duty they could access for support. They said, "There's two team leaders, you can go to them."

Quality monitoring systems were not always sufficient to identify shortfalls in the service and to drive continuous improvement. We found audits did not always identify issues and action plans were not always completed in a timely manner. For example, we saw a health and safety audit completed by an external party had identified the electrical installation certificate was overdue, but this had still not been completed five months later. In addition, an audit set a target date of the end of September 2017 for a periodic electrical inspection being completed; however, this was only completed on 30 November 2017. This meant the certificate for the previous test had expired.

We recommend that the provider ensures audit action plans are carried out and uses the results to drive improvements in the service.

The registered manager told us they had regular contact with the provider and we found the registered manager's skills and knowledge were good. The registered manager was aware of their responsibilities for completing notifications and these had been submitted as required to the Care Quality Commission (CQC) and to safeguarding authorities. The registered manager told us they used electronic systems to do this, so data could easily be audited and analysed.

We found communication systems were in place for people to express their views and opinions regarding the service. People who used the service, their relatives and staff were regularly asked for their views and opinions on the service through surveys and meetings. Questionnaires covered a range of topics such as dignity, food and drinks and the environment. People had been asked whether the service valued their opinion and acted on the information. Questionnaire responses included, "I think you would welcome my opinion", "Definitely" and "I think you listen well." The registered manager promoted an open-door policy where people and relatives could access them at any time. There was a suggestions box in the entrance, and meetings were held regularly. These also enabled people and their family to give feedback on the service.

We saw there were service user guides in each person's room. These included relevant information such as the complaints process and advocacy information.

Accidents and incidents were analysed to identify any patterns or trends, and actions were recorded to reduce reoccurrence.

We found the registered manager worked with other agencies to improve the service. We saw improvements

had been made because of visits by the fire and rescue service and an external pharmacy.

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 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had not ensured the premises were properly maintained as the electrical installation certificate had expired. Renewal of electrical certificates was not done in a timely manner.</p>