

# Care People Private Limited

# The Orchards

## Inspection report

13 Peaks Lane  
New Waltham  
Grimsby  
Lincolnshire  
DN36 4QL

Tel: 01472815876

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Orchards is a residential care home providing personal care to 13 people aged 65 and over, at the time of the inspection. The service can support up to 21 people including people living with dementia.

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

People received safe, person-centred care. Good systems were in place to protect people from abuse. Staff had received safeguarding training and were aware of how to identify and report any signs of abuse.

Staff knew people well and were knowledgeable about when to refer to other health professionals for advice and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Communication care plans were in place to support people's communication preferences. People enjoyed the food provided and were supported to make sure they had enough to eat and drink.

Staff cared for people with compassion and kindness and treated them with dignity and respect, their independence was promoted. Care plans were in place and regularly reviewed. This provided staff with relevant information about how to support people in line with their needs and preferences. People were offered opportunities to take part in activities at the home and in the community.

The registered manager and provider were responsive to feedback and committed to continually improve the service. They promoted a very person-centred culture which respected people's diversity. Meetings were held with people, relatives and staff to exchange information and gather feedback.

The provider had a system for the management of complaints, and people felt able to raise concerns knowing they would be addressed

Since the last inspection, the provider improved risk management and the safety and cleanliness of the environment. The quality of care records in relation to people's safety had improved and recruitment records contained appropriate checks.

For more details, please see the full report which is on the Care Quality Commission website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 27 March 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was

no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Orchards

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, a senior care worker, and

care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two professionals who regularly visit the service.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- The provider had made improvements since the last inspection.
- New flooring was in place, old furniture had been removed. An area of limescale still remained in place in one of the bathrooms, the registered manager said they would address this.
- Staff had received infection control training and followed the provider's infection prevention procedures. Personal protective equipment such as gloves and aprons were used by staff to protect themselves and the person from the risk of infection.

### Assessing risk, safety monitoring and management

- The provider had made improvements within the service to ensure window restrictors were in place and pipes had been covered.
- People using the service had person centred risk assessments. The risk assessments covered a range of safety and wellbeing needs and included detailed guidance for staff on how to manage and reduce identified risks.
- Where professional guidance had been provided, for example, by a dietitian, these were linked to the guidance provided in people's risk assessments and care plans.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and their relatives told us they felt safe.
- Staff had received training in safeguarding adults and had a good understanding of safeguarding; they knew how to identify different types of abuse and who to report to if they had any concerns.
- The manager understood their responsibilities in reporting all safeguarding concerns to the local authority and CQC. Safeguarding concerns had been reported to the appropriate local authority safeguarding team. The service had worked in partnership with safeguarding teams to ensure that safeguarding concerns were addressed.

### Staffing and recruitment

- Recruitment of staff was completed safely with all required checks completed.
- Staff files showed references, interview notes and reference to latest Disclosure and Barring Service (DBS) checks.
- Appropriate staffing levels were in place to meet the needs of people in the service.

### Using medicines safely

- People's medication was administered safely. People received their medicines as prescribed.

- Staff had received medication training and had their competencies checked to make sure people received their medicines safely.
- Clear protocols were in place to guide staff when to administer 'as required' medicines and staff understood when these medicines should be administered.

#### Learning lessons when things go wrong

- Staff understood the importance of recording and reporting accidents and incidents to the management team when they had occurred.
- The registered manager investigated any accidents and incidents and acted to try to prevent them from re-occurring. For example, if an increase in falls was identified they would provide additional falls training for staff and involve the local falls team to reduce these.



# Is the service effective?

## Our findings

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

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

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

- People's needs were assessed before admission. Assessments were used to develop care plans in line with people's needs and preferred care routines and ensured their rights were upheld.
- People's care and support was planned with reference to current legislation and standards.
- Care plans were reviewed and evaluated monthly to ensure they continued to receive support that was current, person centred and in line with best practice.

Staff support: induction, training, skills and experience

- Staff were supported in their role. They received an induction, training, supervision and regular monitoring of performance to ensure they had the right skills to meet people's needs.
- There was a training programme in place. Staff told us they completed all the necessary training and had access to additional training to enhance their knowledge and skills for example, PEG feeding, which is feeding through a tube.
- Staff felt supported by the registered manager. Staff told us they could approach the manager at any time. One told us, "It's a good team, we all get on well and support each other."

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

- Staff supported people to maintain a balanced diet. People told us the food was good and people had a nutritious diet.
- Information about people's nutritional needs was available in their care plan.
- Staff were knowledgeable about people's dietary needs and provided appropriate support for each person with eating and drinking. For example, cutting up meals and providing equipment to enable people to eat independently.

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

- The service design and layout met the needs of the people who lived there. People were able to access all areas of the home easily, upstairs could be accessed by a lift.
- People's rooms were personalised to their own tastes.

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

- People were supported to access health care professionals as and when needed. Staff contacted the relevant health professionals as required and kept records of the outcomes of any visit. Any guidance and

support was followed promoting people's well-being and also helped staff deliver effective care and support.

- People told us their health needs were met and they had regular access to health professionals. They told us if they were ill staff would ring the GP and let their families know.
- A healthcare professional was positive about staff and told us, "Staff are quick to respond if I mention anything in relation to a person's care."

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

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

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

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

- The registered manager made appropriate referrals to the local authority when people required DoLS. When these were authorised, they were monitored and requests for renewal were completed in a timely way.
- Staff gained people's consent, offered choice and involved people in decisions about their care.

# Is the service caring?

## Our findings

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

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

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

- Staff were kind, caring and treated people with respect. Good personal and professional relationships existed between staff, relatives and people who used the service.
- Staff demonstrated a good knowledge of people's personalities, diverse needs, and what was important to them. They had received training on equality and diversity and applied this in practice.
- People talked, joked and laughed with staff and were relaxed in their company. People and their relatives all spoke highly of the staff. Comments included, "They are very kind and willing to help," and, "They know me well."

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

- Staff offered people choices and involved them in decisions about their care including their preferred routines and what mattered to them.
- Staff completed reviews of people's care plans, which gave people and their relatives the opportunity to comment on the care they received.
- People could access independent advocacy if they required support with decision making and expressing their views.

Respecting and promoting people's privacy, dignity and independence

- Staff were compassionate and respectful.
- Staff encourage people to maintain as much independence as possible, for example when mobilising or eating. One person said, "I am very independent and I am encouraged to be as independent as possible."
- People's privacy and dignity was respected Staff knocked on doors and waited to be invited into people's rooms and were discreet when discussing people's personal care needs.
- Systems were in place to maintain confidentiality and staff understood the importance of this.

# Is the service responsive?

## Our findings

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

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

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

- Care plans reflected people's current needs and choices. They contained person-centred information and guided staff in how to support people.
- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care. Comments from people and their relatives included, "The staff are lovely, they know my likes and dislikes."
- Staff kept people's care under review and involved them, together with their relatives and relevant professionals in reviews. Relatives we spoke with told us they were involved in the processes of keeping care plans up to date.

Meeting people's communication needs

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

- Staff understood people's communication needs. Communication care plans were in place.

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

- People were supported to take part in leisure and social activities.
- People regularly engaged in the local community. One person told us, "I like to go shopping sometimes, I ask the staff and they take me."
- There were a variety of activities for people to take part in at the home, a person told us they liked the activities, particularly the skittles, darts, singing and dancing.
- People were supported to maintain relationships with friends and family and visitors told us they felt able to visit at any time.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. Complaints were investigated and responded to in line with this policy.
- People we spoke with said they would raise any concerns with the manager without hesitation and trusted them to resolve the issues quickly.

End of life care and support

- The provider had systems in place to ensure people received compassionate end of life care.
- Staff had training in meeting people's needs during end of life care.
- End of life care plans were in place and contained information about people's advanced wishes to ensure their preferences were known and respected.
- People could remain in the service for end of life care with support from local health professionals if this was their choice.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 quality assurance systems and processes were not fully effective in identifying all areas of the service which needed improvement. Records were not always clear to ensure people's current circumstances were easily accessible and known. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had continued to make improvements to the quality and safety of the service and these improvements had been sustained. For example, improved recording for the application of the MCA, management of risk and safer staff recruitment processes.
- The quality assurance system was more effective in identifying areas for improvement and action had been taken in response to audit findings.
- The registered manager was experienced and knowledgeable about regulatory requirements. They had provided information about relevant incidents to CQC as required by law.
- Care staff were made aware of their responsibilities through attending staff meetings and training.

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

- The registered manager and staff demonstrated a shared vision to provide the best care for people. The atmosphere in the service was warm and welcoming. A healthcare professional commented, "The staff are very friendly. In my opinion the residents feel at home."
- The registered manager was aware of the requirements in relation to duty of candour.

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

- People, relatives and staff had confidence in the manager and found them to be approachable. They were included in the development of the service.
- The registered manager held regular meetings with people and sent out questionnaires to find out their

views. They respected people's views and improved the service in the way people wanted.

Staff told us they were very motivated and felt respected, valued and supported.

- Staff said the registered manager was approachable and involved them in decisions about the people who lived at the Orchards, one told us, "The manager always asks if we have any suggestions as we see the residents more, they asked our advice."

Working in partnership with others

- The provider worked well with other organisations and supported people to access community facilities and healthcare services to ensure good outcomes for people.

- The registered manager attended local forums for health and social care professionals.