

HC-One Limited

# The Orchards

## Inspection report

164 Shard End Crescent  
Birmingham  
West Midlands  
B34 7BP

Tel: 01217302040

Website: [www.hc-one.co.uk/homes/the-orchards/](http://www.hc-one.co.uk/homes/the-orchards/)

Date of inspection visit:  
02 August 2017

Date of publication:  
07 December 2017

## 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

At the time of our last comprehensive inspection in February 2017 we found breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008. We found the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people had not always received their medicines as prescribed and poor oversight and record keeping systems meant that medicines were not always managed safely or recorded effectively.

We also found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because record keeping and governance systems and processes had not been operated effectively to assess, monitor and improve the quality and safety of the service. We found that records were not always complete, recorded accurately and some information was missing.

We served warning notices to the provider for both of these breaches of regulations and asked the provider to send us an action plan to show how they would meet the legal requirements of the regulations. We gave them until 30 June 2017 to demonstrate their compliance.

We undertook this focused inspection on 02 August 2017 to check the provider had followed their plan and to monitor their compliance with the legal requirements of the regulations, under two of our key lines of enquiry; whether the service being provided to people was safe and well-led. This report only covers our findings in relation to these two key lines of enquiry. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Orchards on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The Orchards provides accommodation and personal care for up to 72 people who require nursing or personal care. At the time of our inspection there were 60 people living at the home. The home is designed over two floors. The ground floor accommodates people on a permanent basis who require nursing and personal care, whilst the first floor accommodates people on both a permanent basis, but also where people require short-term, interim care for either respite or re-enablement purposes, whilst a long-term care plan is considered.

The service was required to have a registered manager in place as part of the conditions of their registration. There was a registered manager in post at the time of our visit because the provider had deployed a 'turn-around manager' to the home who had registered with us since our last inspection. A 'turn-around manager' is a manager that the provider deploys to support homes that require 're-establishing'. 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 found that some improvements had been made to promote the safety and governance of the service. However, the shortfalls that we identified within this inspection in relation to the governance of the service

showed that further improvements were still required. The provider had failed to make sufficient improvements to the efficiency of their quality assurance systems within the stipulated time frame. This meant that this inspection was the third consecutive inspection whereby the provider had failed to meet the requirements of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what further action we have taken at the end of this report.

Everyone we spoke with recognised that improvements had been made to the management of medicines within the home and people told us they received their medicines as prescribed. People's needs were also met in a timelier manner because improvements had been made to the way in which staff were deployed and organised within the home.

People were protected against the risk of abuse and avoidable harm because staff knew the signs and symptoms to look out for and were aware of the reporting procedures. Staff also knew what action to take in the event of an emergency, such as a fire.

Everyone we spoke with were positive about the changes made to the leadership structure within the home and reported the new registered manager to be approachable, responsive with a 'firm but fair' management style.

## 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. Improvements had been made to the safety of the service, but further improvements were required.

People received their medicines as prescribed. Everyone spoken with recognised the improvements that had been made to the management of medicines within the home, however some further improvements were still required.

People's needs were met in a timelier manner because improvements had been made to the way in which staff were deployed and organised within the home.

People were protected against the risk of abuse and avoidable harm because staff knew the signs and symptoms to look out for and were aware of the reporting procedures. Staff also knew what action to take in the event of an emergency such as a fire.

We will review our rating for safe at the next comprehensive inspection.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led. Improvements had been made to the leadership and management of the service, but further improvements were required.

The provider had improved their quality monitoring processes to further promote the safety and quality of the service in areas including medicine management and record keeping. However, further improvements were still required.

People, relatives and staff were positive about the new leadership structure within the home.

We will review our rating for well-led at the next comprehensive inspection.

**Requires Improvement** ●

# 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.

This inspection took place on 02 August 2017 and was an unannounced inspection.

The purpose of our inspection was to check that improvements to meet the legal requirements planned by the provider after our last comprehensive inspection in February 2017 had been made. We inspected against two of the questions we ask about services; 'Is the service safe?' and 'Is the service well-led?'. This was because the provider was previously not meeting some of the legal requirements in relation to these questions.

The inspection team comprised of three inspectors, including a pharmacy inspector deployed specifically to check the medicine management processes within the home.

As part of the inspection we looked at the previous inspection report and checked the information that we hold about the service and the provider. This included the provider's action plan, which set out the actions they would take to meet the legal requirements. We also looked at notifications we had received from the provider that they are required to send to us by law, including safeguarding alerts and information from local authorities and the clinical commissioning group. The clinical commissioning group are responsible for monitoring the quality of the service and funding for people who use the service. We also contacted Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care services, such as care homes, hospitals, GP services and dentists.

During our inspection we spoke with nine people, five relatives of people who lived at the home, 11 members of staff including the registered manager, the deputy manager, a regional manager, two nurses, two nursing assistants and two care assistants, as well as a member of the maintenance team and an activity co-ordinator.

Some of the people living at the home had complex care needs and were unable to tell us about the service

they received. Therefore we used a tool called the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records of four people to see how their care was planned and looked at the medicine administration records for 22 people. We also looked at records which supported the provider to monitor the quality and management of the service, including accidents and incident records, call monitoring systems as well as daily monitoring processes. We checked three staff files to look at the provider's recruitment processes.

# Is the service safe?

## Our findings

At the time of our last comprehensive inspection in February 2017 we found that the service was not consistently safe. The provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people had not always received their medicines as prescribed and quality monitoring and record keeping systems were ineffective at ensuring safe medicine management practices. We served a warning notice to the provider requiring them to be compliant with this regulation by 30 June 2017.

At this focused inspection, people we spoke with, records we looked at and observations we made, showed that the provider had followed the action plan they had developed to meet the shortfalls outlined above and some improvements had been made.

People we spoke with told us they received their medicines as prescribed. One person said, "I feel very safe here. They [staff] are very good. I have all the medicines I need and if I am not very well, they make sure I see a Doctor. I never go without. We are all very well looked after here". Another person told us, "I have had my medicines this morning; I know exactly what they are and what they are for. They [medicines] are never missed and I've never had to wait. It's all okay here, I feel very safe and they [staff] look after us very well". A relative we spoke with had nothing but praise for the staff that were caring for their mother. They told us, "The difference that this place has made to my mom is incredible; simply put, she wouldn't be here [alive] if it wasn't for them. They are spot on with everything medicine wise, she has exactly what she needs, when she needs it and even the consultant [a specialist doctor] at the hospital has been impressed with her recovery". This relative went on to say, "I tell all my friends and family about how good it is here; I tell them to get a place for their relative if they need it. I would recommend it to anyone. I only hope that when I need this level of care that I can come here too".

We saw nurses and nursing assistants administered medicines to people safely and effectively during our visit. People were asked for their consent before being supported to take their medicines, where possible, and staff informed people about what the medicines were for if they did not already know. Some people were given the choice of whether or not they wished to take certain medicines, such as pain relief which had been prescribed on an 'as required' basis.

Staff we spoke with including the management team said that staff had worked hard to improve medicines systems and there was a positive approach to ensure the safety of people. One member of staff said, "There have been lots of improvements since the last time you were here, especially with medicines. Okay, the odd error may occur but we are much quicker at identifying it and putting it right now; people are definitely safer now than before". Records we looked at confirmed that improvements had been made to the medicine management processes. For example, we saw a report that had been produced by a pharmacist from the local Clinical Commissioning Group (CCG) who had visited the home in June 2017. Their report was positive and demonstrated what action had been taken to improve the safety of medicines.

We looked at how medicines were managed which included checking the Medicine Administration Record

(MAR) charts for 22 people. The positive improvements that had been made since our last inspection included improvements to medicinal patches and the application of creams. When people were prescribed a medicated skin patch to be applied on different parts of the body the available records documented where the patch had been applied. For example we looked at the MAR chart for one person prescribed pain relief patches. Records showed that staff had checked that the old patch has been removed before applying a new patch and to make sure the site of application was rotated to minimise side effects. Records of administration showed that people were getting their creams applied as prescribed.

We were also shown an antibiotic monitoring form which documented the reason for the antibiotic as well as the length of the prescribed course.

We saw that medicines were stored securely within a locked treatment room and the recommended temperature ranges for safe medicine storage was monitored, which included refrigerated medicines.

However, despite these improvements, we found that there were still some areas that required attention. For example, whilst medicines were recorded as administered on peoples' MAR charts and regular counts of medicines were made for accuracy checks which made it easy to check that people had been given their medicines, we noted that one person had not been given one medicine for one night. Their MAR chart was not signed for administration and the accuracy count was incorrect. This had not been identified by staff or reported as a missed dose to the management team. We further identified that the times of administration for one person's antibiotic were not spaced evenly throughout the day to ensure a constant level of the medicine. On informing the nurse the times were changed during the inspection.

Three of the MAR charts we looked at were handwritten and checked by two staff; however they had not been dated with the month or year. This meant that the MAR chart was not accurate and it would not be possible to determine when the medicines had been administered at a later date if required.

Arrangements were not in place to ensure that medicines with a short expiry were discarded when the expiry date was reached. We found two eye drop bottles had gone past their 28 day expiry and were still in use. This meant that there was an increased risk that they may no longer be effective to treat the person's condition.

Medicines were available to give to the majority of people; however one person had run out of one their medicines to treat anxiety for a period of three days. We were informed that although it had been requested it had not arrived in time. We spoke with staff who commented that the person did not appear to have suffered any withdrawal symptoms and in fact appeared to have benefitted from not having had the medicine. As a result a medicine review had been arranged with the persons GP to look at having this medicine discontinued. Although the person did not suffer any harm, the failure to ensure medicines were available means that people could potentially be at risk of harm.

Supporting information for staff to administer 'when required' (PRN) medicines was available. There was person centred information available to support staff to make a decision on when to give the prescribed medicine; however we found that some forms detailed incorrect side effects of medicines which meant that medicine was not given when they were required. This was discussed with the management team who agreed to review all the 'when required' medicine protocols. We were sent a copy of this revised PRN protocol following our inspection.

Supporting information for staff to administer medicines directly into a person's stomach through a Percutaneous Endoscopic Gastrostomy (PEG) tube were available, however they had not always been



updated to include any recent changes to people's medicine requirements.

We discussed these concerns with the registered manager at the time of our inspection. They told us that whilst they were disappointed that these issues had been found, they recognised the significance of the improvements that had been made since our last inspection and were confident that the improved and on-going monitoring systems and process would continue to make further improvements. We will continue to monitor the safety, effectiveness and sustainability of these processes at our next inspection. If further improvements have not been made or if the improvements noted at this inspection are not sustained, we will consider what action we need to take to further protect the safety of people living at the home.

People, relatives and staff we spoke with told us that improvements had been made to the way in which staff were deployed within the home. This meant that people's needs were being met in a much timelier way than when we last inspected the service in February 2017. One person we spoke with said, "The staff can't do enough for you; I have a buzzer [call alarm] and they always come". Another person told us, "I have a buzzer; they [staff] make sure I have it. I don't press it very often, but when I do, they come quite quickly. I have no concerns with that at all". Another person said, "Yes, look, here is my buzzer, I only have to press it if I need to and they come very quickly to me". A relative we spoke with told us that staff were always available and that they took the time to speak with people. Another relative told us, "Things have got better but we do still have the odd issue; we just want it to be consistently good but we can see that things have improved".

Staff we spoke with were aware of people's care needs and any associated risks; they knew who required additional checks and the frequency of these checks. One member of staff we spoke with told us, "Some people are at risk of pressure sores, so we have to re-position them more often. Other people aren't able to tell us when they need help so we check on them more often too". They were able to tell us who these people were. Records we looked at confirmed that these people had higher care needs. However, records we looked at also showed that some people who were assessed as requiring re-positioning every two hours to protect their skin integrity, were at times waiting up to 3 to 4 hours for this support. We discussed this with staff and management. They told us that sometimes, staff were not always recording when they have provided support to people and that this was an on-going monitoring issue that was currently being addressed. Records we looked at confirmed this. The registered manager told us that the absence of skin integrity concerns within the home, demonstrated the effectiveness of the care being provided to people.

At the last inspection in February 2017, we found that improvements had been made to the provider's recruitment practices. During this inspection, we found that these improvements had been sustained. Staff we spoke with and records we looked at confirmed that the provider had facilitated a range of employment checks before staff started working at the home which included identity checks, a review of employment histories, employment and personal references as well as consulted the Disclosure and Barring Service (DBS). The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Staff we spoke with and observations we made throughout our inspection showed that people were protected against the risks associated with fire and/or other emergencies. One member of staff told us that since our last inspection, the provider had introduced a new protocol around fire safety practices within the home. They said, "It is now standard practice for us to do practical fire evacuation drills so that we know what to do and how to get people out in the event of a real fire". We saw evidence of this on the day of our inspection. A practical fire drill had been scheduled as per the provider's new protocol. We saw staff were given roles to play in keeping with people's current support needs, to enable staff to practice evacuation techniques in accordance with the fire evacuation policy and people's personal emergency evacuation plans (PEEPs). A smoke device was used to activate a smoke alarm in a person's bedroom to simulate a real

fire and activate the fire alarm. We saw staff responded appropriately and efficiently. The role of a 'fire marshal' was allocated to a 'competent person' (a trained member of staff) who then delegated duties and co-ordinated the zoned evacuation. We saw staff were confident throughout the process and were observed to use varying evacuation techniques and equipment, including evacuation mats used to evacuate people who are unable to mobilise independently. This demonstrated their competence in keeping people safe in the event of a fire. One member of staff told us, "It's really good that we get to practice this now and it builds our confidence each time; each time we get better and it keeps it fresh in our minds". Another member of staff said, "It gives us a real boost knowing that we have got it right; when we don't get it quite right, we know what we need to do differently next time so each time we know we are better prepared for if it was to really happen". The registered manager told us that this was something the provider was rolling out in to other homes and that The Orchards was leading by example in this area of practice. We saw that managers from other HC-One homes had been invited to The Orchards on the day of our inspection to observe this new fire drill method in practice. They too were positive about the impact that this will have on the staffs skills and confidence in this area as well as on the safety of people living in their homes.

Staff we spoke with were also confident about what they needed to do in order to keep people safe in other emergency situations such as choking, falls or in the event of a cardiac arrest and the need for them to perform cardiopulmonary resuscitation ('CPR'). CPR is an emergency treatment used to restart a person's heart and breathing if they stop. At the time of our last inspection, we found that staff were not always sure about who had a DNACPR' [Do Not Attempt Cardiopulmonary Resuscitation] in place which is a record of an advanced medical decision that has been made and recorded to instruct CPR not to take place. These are implemented when cardiac or respiratory arrest is an expected part of the dying process or whereby CPR will not be successful or in the person's best interests and will help to ensure the person dies in a dignified and peaceful manner. This meant that in an emergency situation this could potentially cause a delay in a person receiving CPR or could result in a person receiving CPR against medical advice and/or against their best interests. Staff we spoke with felt that a better system was required. At this inspection, we found that a new system had been implemented whereby people who had a DNACPR in place had a red folder in their bedrooms. Staff we spoke with confirmed that this enabled them to identify when or when not to initiate CPR and staff were much more confident about the process.

We found that staff had received training on what action to take to keep people safe from the risk of abuse and avoidable harm. One member of staff told us, "I don't have any concerns about safeguarding people; if I saw someone being shouted at, heavy handed, disrespected in any way or any other signs of abuse I would report it to my manager straight away". Another staff member said, "If I saw a change in a person's behaviour, any physical marks or bruises, anything that seemed out of the ordinary for that person I would report it or escalate it to the relevant bodies such as yourselves (CQC) if I didn't feel it was being managed internally; but I have never had any concerns like that here". This meant that staff had the knowledge and the skills they required to identify the potential risk of abuse and knew what action to take. The registered manager told us and information we hold about the service showed that, where safeguarding concerns had been raised, these had been reported and investigated appropriately by the relevant authorities.

Whilst we found that many improvements had been made to the safety of the service in keeping with the provider's action plan, further improvements were still required. We have not revised the rating for this key question at this inspection; to improve the rating to 'Good' we would require a longer term track record of consistently good practice. We will continue to monitor the safety, effectiveness and sustainability of the service at our next inspection. If further improvements have not been made by this time or if the improvements noted at this inspection are not sustained, we will take further enforcement action to further protect the safety of people living at the home.

## Is the service well-led?

### Our findings

At the time of our last comprehensive inspection in February 2017 we found that the service was not consistently safe or well led and the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014 because systems and processes had not been operated effectively to assess, monitor and improve the quality and safety of the service, nor to mitigate the risks relating to the health, safety and welfare of people using the service. We served a warning notice to the provider requesting them to be compliant with this regulation by 30 June 2017.

We also found that the provider was non-compliant with the requirements of their registration because there was not a registered manager in post at the time of our inspection. The provider had re-deployed a 'turn around manager' to the location who worked for the provider to support services that required 'restabilising'. The turn-around manager was familiar with the service as they had been registered as a manager at the home in 2016. At this inspection, we found that the 'turn-around' manager had re-registered with us and planned to stay in post whilst improvements were made and embedded within the home. They said, "We [provider] have agreed that I need to stay in post until we are confident that the required improvements have been made and that these are sustainable. We will make sure that when the time comes to hand-over to a permanent manager, that this person is strong enough to maintain the safety and management of the home and that they spend time working alongside me, so that it is a smooth and successful transition".

Everyone we spoke with were positive about the improved leadership within the home. One person said, "The [registered] manager is great, she is very down to earth, and like me, says it as it is; we couldn't ask for better". A relative told us, "We meet with her [registered manager] regularly to talk about things, she is always interested in how things are and if there is anything else that could be done to improve things; it's brilliant". Another relative said, "Whenever we raise any issues, they are dealt with. We just wished we didn't have to raise them in the first place! But we can see that things have and continue to get better, so hopefully it will be consistently good soon". Staff we spoke with were also positive about the new management style within the home. They told us that there was a 'firm but fair' approach and that this had meant positive changes. One member of staff said, "There have been lots of changes and lots of improvements; [registered manager] has a good handle of things now and it is working really well. We have a good team of staff; there is more consistency and a good atmosphere and culture here now". Another member of staff said, "The management team are brilliant now, we can talk to them about anything and they listen. Any problems or if I am unsure about anything I can just double check with them; I don't have to worry about what mood they may be in or if it is a good or bad day, we are encouraged to speak to them about anything and they are always approachable; it makes a huge difference". A third member of staff said, "We have seen lots of positive changes, like two new activity co-ordinators who are doing a fantastic job which takes the pressure off us, so we can focus more on the care side of things, there are more audits being done, so any issues are identified and rectified quicker; staff and residents all seem much happier, there are much fewer complaints from all". A fourth staff member told us, "Staffing levels and sickness levels are being managed much better; we can see a difference in the management approach to this in particular, which is good".

Records we looked at and observations we made, showed that some improvements had been made, particularly in relation to the medicine management auditing systems and record keeping practices. We saw that additional audits of care records had been implemented as part of the 'resident of the day' process which looked at whether care records were sufficiently detailed, accurate and person-centred. However, these had not always identified the shortfalls we found during our inspection. Further improvements were still required to the quality monitoring systems and processes to enable the provider to be more proactive rather than reactive to quality issues within the home.

For example, we continued to find inconsistencies within care records whereby changes or updates to peoples care needs (such as diet and/or fluid needs or re-positioning requirements) had not always been updated or recorded as such in the relevant documents. A new seizure care plan template had not been completed which meant that a care plan we looked at did not contain specific details pertaining a person's seizure history and support needs.

Quality monitoring systems and processes had not always identified the inconsistencies of staff reliably recording that they had met peoples re-positioning care needs or the variation of in diet and fluid totals for people being supported by a standard prescription via a Percutaneous Endoscopic Gastrostomy (PEG) tube. The provider's quality assurance systems had failed to identify that records were not being maintained accurately and/or monitored in order to trigger any action to be taken. It was also unclear how night checks on people were being monitored for accuracy and efficiency given the unrealistic time frames recorded by staff.

Other quality monitoring records we looked at did not always detail what action had been taken or any information on how any actions that had been taken had been evaluated or used comparatively to initiate or demonstrate improvements. For example, we saw that people and/or relatives were asked for their feedback on the service, but it was not always clear how this information had been analysed or used to drive improvements. Call monitoring audits continued to reference average call times but failed to reflect what level of analysis or action had been taken to address incidents where people had waited for longer periods of time.

We fed these shortfalls back to the registered manager at the time of our inspection. They acknowledged that further improvements were still required. Despite the improvements made and the reduction in the implications that these shortfalls had on the safety of people living at the home, we continued to find areas of concern. The provider has a significant history of failing to comply with the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to good governance. This inspection will be the third consecutive inspection at this location whereby the provider has failed to take sufficient action in order to make the necessary improvements and to meet the requirements of this regulation.

Therefore this is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we have asked the provider to take at the end of this report.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not made sufficient improvements to the governance of the service to ensure people were kept safe and received a high quality service.</p>

### **The enforcement action we took:**

We imposed positive conditions on the Provider's registration for this location. This conditions required the provider to undertake monthly quality assurance activities and to provide us with an analysis of these on a monthly basis to demonstrate how they are working towards making the required improvements and sustaining the improvements made.