

# Mr & Mrs M Sharif Orchard Views Residential Home

### **Inspection report**

39 Gawber Road Barnsley South Yorkshire S75 2AN Date of inspection visit: 13 November 2019

Good

Date of publication: 24 December 2019

Tel: 01226284151

Ratings

### Overall rating for this service

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? Requires Improvement

### Summary of findings

### Overall summary

#### About the service

Orchard Views is a residential care home that provides accommodation and personal care for older people. The home can accommodate up to 40 people in one adapted building. At the time of this inspection there were 37 people using the service.

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

People were happy with the care they received at Orchard Views. People felt safe and well-treated by staff. People told us staff were kind and caring and it was clear staff knew people well. People were treated with dignity and respect and their independence was promoted. Although people were happy with the care they received, some people told us they did not have enough to do to keep them occupied each day. We have made a recommendation about the development of activity provision in the home.

The provider had completed the refurbishment of people's bedrooms, since the last inspection. Further refurbishments were underway during this inspection. The refurbishment of the whole building had progressed slowly, however people and staff were pleased these works were being completed.

Risks to people were assessed and minimised, to help them remain safe from avoidable harm. People were supported by staff who received a range of training to ensure they had the right skills and experience to carry out their roles effectively. Staff supported people to maintain their health and they sought support and advice from health professionals, when needed.

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. People told us staff responded to them quickly if they needed any support and if they had any concerns, they would not hesitate to raise them with staff.

Some of the provider's governance systems required improvement to ensure people continued to receive good quality and safe care.

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

### Rating at last inspection

The last rating for this service was requires improvement (published 23 November 2018).

Why we inspected This was a planned inspection based on the previous rating.

### Follow up

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We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?	Requires Improvement 😑
The service was not always well-led.	
Details are in our well-led findings below.	



# Orchard Views Residential Home

**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

This inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Orchard Views 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 CQC. This means 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 our last inspection. We sought feedback from the local authority and Healthwatch (Barnsley). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection, due to the timing of the 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.

#### During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, care staff and ancillary staff. We spoke with a community health professional and a representative of the provider who were visiting the home on the day of this inspection.

We reviewed a range of records. This included three people's care records and various documents from one other care record. We checked multiple medication records and a variety of records relating to the management of the service, including three staff files and various policies and procedures.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

#### After the inspection

We sought some more documents from the registered manager. They were provided in a timely manner and were used to inform our judgements.

### 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 good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

Medicines were ordered, stored, administered and disposed of safely. People received their medicines as prescribed and staff maintained accurate records of the support they provided people with their medicines.
Staff competency to administer medicines safely was usually checked on an annual basis, however we found one staff member had not received a competency assessment in the last year. The registered manager agreed to address this when the staff member returned to work.

• We observed staff were patient and respectful when they supported people to take their medicines. They offered medicines to people in a discrete manner to promote people's privacy and dignity.

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

• People told us they felt safe at Orchard Views. People's relatives told us they had no concerns about their family members' safety. People's comments included, "I just got the feeling of being safe the minute I walked through the door", "The staff make me feel safe. They are always around" and "I'm safe in here. I know the staff wouldn't let anything happen to me."

• The provider used appropriate systems to safeguard people from abuse. Staff were aware of their role and responsibility in safeguarding adults from abuse and they were all confident the registered manager would act on any concerns they raised. The registered manager had made appropriate referrals to the local safeguarding authority, when required.

### Assessing risk, safety monitoring and management

• Staff assessed the risks involved in the delivery of care to people when they started using the service. People's care records contained risk assessments detailing the specific risks posed to them and guidance for staff about how to manage those risks. For example, we found information in people's care records about how to minimise the risk of developing pressure areas, the risk of malnutrition and the risk of falls.

• Regular checks of the building and the equipment were carried out, to help ensure they remained safe. The home had safety certificates in place for the premises and the equipment they used. A new fire alarm system had recently been installed on the recommendation of the local fire service. During this inspection, work was being completed to the home's electrical installation, as part of the ongoing refurbishment of the home.

### Staffing and recruitment

• We observed there were enough staff available to keep people safe and to meet people's needs in a timely manner. People living at Orchard Views raised no concerns about staffing levels. People commented, "The staff are quick to answer if I buzz" and "There are plenty of staff about if I need anything." A relative told us, "This place is super safe. There are plenty of staff about to watch people."

• The provider continued to use safe recruitment procedures when employing new members of staff, to

check they were suitable to work in the home. The registered manager had recently audited the staff files to check they all contained the correct documentation. Where any missing information had been identified, this was requested from staff.

Preventing and controlling infection

• The home was clean.

• Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

• Accidents and incidents were responded to appropriately. The provider had procedures in place to support staff to deal with these events.

• The registered manager analysed accident and incident records every month, to try to identify any themes or trends. We concluded this analysis could be improved to ensure opportunities to learn from these events were not missed.

### 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Since the last inspection the refurbishment of people's bedrooms had been completed. Shortly before this inspection, the provider had started the complete redecoration of all communal corridors. People were happy refurbishments were taking place. Comments included, "The place needs lots doing to it" and "Things are slowly getting better."
- The provider had arranged further work to be completed to the garden area, to ensure it was a safe and secure environment for people to access freely, without requiring staff support in this area.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law • People's needs were assessed before they moved into Orchard Views to check the service was suitable for them. A care plan was written for each person which guided staff in how to care for them. People and their relatives were involved in this process and provided information about their likes and dislikes, so care could

- be delivered in accordance with their preferences.
- People and their relatives were happy with the care they received. Comments included, "I could look around a dozen homes and still choose here", "I have peace of mind knowing [my relative] is well cared for" and "This place is fantastic. They are caring, the food is great, and nothing is too much trouble."

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

- People were provided with a range of good quality meals and drinks that met their nutritional requirements. People were happy with the food on offer. A person commented, "You can't fault the food. It's nice, well-cooked and there's plenty of it."
- Where people required a special diet because of medical or cultural reasons, this was catered for and clearly recorded in their care plan.
- We observed the lunch service during this inspection. People were offered a choice of meals and various drinks. The meals were nicely presented. Staff were attentive to people throughout the mealtime and encouraged people to eat and drink.

Staff support: induction, training, skills and experience

• Staff were appropriately trained. Staff completed training in a range of different areas to help ensure they had the right skills, knowledge and experience to deliver effective care. A staff member commented, "Training is absolutely fantastic here. If you want any training, you just have to ask and they'll give it to you."

• Staff received enough support and supervision to enable them to carry out their roles effectively. Staff took part in supervision meetings with their line manager and had opportunity to raise concerns or ask for

support. However, formal supervision meetings had not always taken place as frequently as expected by the provider. The registered manager assured us this was being addressed.

• Staff told us they felt well-supported and people living at Orchard Views were confident they were cared for by staff who had the right skills and experience. A person commented, "The staff are very knowledgeable; they know what they're doing."

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

• Staff proactively sought advice from other organisations and professionals such as the GP and district nurses, to help deliver effective care and support to people.

The community health professional who visited Orchard Views during this inspection commented, "The staff communicate well with us. They have a good rapport with all the residents; they genuinely care." They confirmed staff proactively asked for their advice and this supported people to maintain their health.
People were happy with the support they received from staff to access other agencies and healthcare services. A person commented, "They're very good at getting the doctor out quickly if needed."

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, whether any deprivations of liberty had the appropriate legal authority and whether any conditions on authorisations to deprive a person of their liberty were being met.

• Staff understood the importance of supporting people to make their own decisions. They obtained consent from people before care was delivered. A person commented, "They always ask me if it's ok, before doing anything for me."

• The registered manager submitted DoLS applications to the local authority, when necessary. When authorisations were granted or were made subject to conditions, people's care records were updated so all staff were aware. The registered manager had oversight of this process.

• We were satisfied the service was working within the principles of the MCA.

### 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 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

- People and their relatives told us staff were kind and caring. People's comments included, "The staff are 'the top job'", "The staff are very kind and helpful to me" and "The staff are angels. Nothing is too much trouble." Relative's comments included, "The staff are very caring. They find time to talk to us" and "The staff go above and beyond for the residents."
- We observed staff interacted with people in a positive way. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them. People appeared comfortable in the presence of staff.
- It was clear from our discussions with staff and our observations throughout the day that the staff enjoyed caring for people at Orchard Views. All staff said they enjoyed their jobs and they would be happy for a friend or family member to receive care at the home.

• Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

• Staff supported and encouraged people to make decisions about their care. A person described how they struggled with their memory, so staff had given them a whiteboard to write their appointments on; this supported them to feel fully involved in their care.

• People were afforded choice and control in their day to day lives. We observed staff asked people what they wanted to do during the day and where they would prefer to spend their time.

• Relatives told us they were kept informed about their family member's care. Relatives commented, "The staff are on the ball", "The staff are very approachable" and "I would recommend Orchard Views to anyone. They care a lot for the residents and for us [the family]."

Respecting and promoting people's privacy, dignity and independence

Staff were respectful of people's privacy. Staff knocked on doors and called out before they entered bedrooms and bathrooms. Staff communicated with people in a confidential manner, to ensure their privacy was respected. A person commented, "The staff are very good; what you tell them is private."
People were encouraged to maintain their independence. Their care records explained what they could do for themselves and what they needed staff to support them with.

### 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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

• Staff welcomed people's relatives and friends into the home to support people to maintain important relationships.

• Although people were happy with the care they received from, some people told us they did not have enough to do to keep them occupied each day. Comments included, "There isn't much to do", "We watch TV a lot of the time" and "There's not much to do. Sometimes we have activities."

• An activity coordinator was employed at the home and we received positive feedback about the activity provision when they were at work. People were supported to take part in craft activities, games and were supported to access the community. However, during periods when the activity coordinator was not at work, we found regular, planned activity provision was not embedded into the daily service provided.

We recommend the provider refers to good practice guidance to support the development of the activity provision in the home.

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

• Staff knew people well and delivered care in accordance with people's preferences. A person commented, "I feel brilliant since coming to Orchard Views. I feel they really care about me, as me." People's care plans contained information about their life history and interests; this supported staff to build positive relationships and bonds with them.

• We observed staff were responsive to people's needs during this inspection. People and their relatives confirmed staff were flexible and catered to people's preferences when delivering care. A relative commented, "Staff are very responsive to [my family member's] needs and our needs [as a family]. People confirmed staff followed their individual routines, such as when they wanted to get up or go to bed and what they wanted to do during the day.

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.

• People's communication needs were assessed and met. Where people needed support with communication, this was recorded in their care plan. We observed staff communicated effectively with people throughout this inspection.

Improving care quality in response to complaints or concerns

• The provider had an appropriate complaints policy and procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with. We checked the service's complaint records and found complaints were appropriately recorded, investigated and responded to, in accordance with the provider's policy.

• People and their relatives told us they could confidently raise any concerns with the staff or provider. Comments included, "I can talk to the staff if I have a problem", "I'd talk to the staff; they listen to me" and "The staff are lovely and very approachable. I'd speak to them."

#### End of life care and support

• The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. People were encouraged to complete a 'preferred priorities for care' document expressing their preferences about how they wanted to be cared for at the end of their life. This meant people could be supported to have a dignified death, in accordance with their own wishes.

• Staff had recently received training from the local end of life team, to develop their skills in this area.

### 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Systems and processes were in place to check the quality and safety of the service, however they needed to be embedded and sustained.

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

• A range of audits were completed on a regular basis, to monitor the quality and safety of the service provided, however they were not always completed at the frequency required by provider. The audit system needed to be embedded and sustained to ensure there were no missed opportunities to improve the service.

• Some of the provider's systems and processes required improvement to ensure the home continued to meet regulatory requirements. For example, the system used to monitor the training staff had completed was not up to date, which meant there was a risk staff training could become out of date without the provider being aware.

• Though the provider had taken steps to improve the home's environment, these improvements had progressed slowly and remained incomplete at the time of this inspection.

• Staff were clear about their roles and responsibilities and all staff commented the registered manager was approachable and supportive. The registered manager understood the regulatory requirements and proactively provided information to CQC following significant events at the home.

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

• People, their relatives and staff had opportunities to give feedback about the home. This feedback was used to make improvements to the home. Staff were able to share feedback during regular supervision meetings and staff meetings. The registered manager operated an 'open-door' policy and staff could speak with them about any ideas or concerns whenever they wanted to.

• Feedback was also obtained from people, relatives and staff via surveys and during 'resident and relative' meetings. However, some people and relatives told us they did not know these meetings took place so there may have been some missed opportunities to gather feedback from some people.

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 provider, registered manager and staff were all keen to provide high-quality, person-centred care. They were committed to ensuring people received personalised care which met their preferences. We observed a positive, welcoming and inclusive culture within the home. A staff member commented, "The residents are

like family. It is like a home here."

• Staff morale was positive and they worked together as a team. A staff member commented, "We do work well as a team. I think staff morale is absolutely spot on at the moment. We all seem to get on well." All staff said communication between staff and managers was effective.

Working in partnership with others

• The service worked collaboratively with a range of different health services to help make sure people received the right support.