

# Orchard Residential Care (2) Limited

## Cantley Grange

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Cantley Grange is a residential care home providing personal care for up to 40 people. Some people using the service were living with dementia. At the time of our inspection there were 36 people living at the home.

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

People were safeguarded against the risks associated with abuse. The home was generally clean and maintained, however some store rooms had items stored on the floor, making cleaning difficult, some shower chairs were rusty, and a bath seat required cleaning. The provider took immediate action to resolve these issues.

There were sufficient staff to meet people's needs. Staff were recruited safely and in line with the provider's policy. Medicines were managed in a safe way. Work had commenced to improve protocols for people who required medicines on an 'as and when' required basis. Risks associated with people's care needs had been identified and actions taken to minimise them. Lessons were learned when things went wrong.

People had an initial assessment prior to using the service to ensure their needs could be met. 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 were in receipt of sufficient nutrition and hydration to meet their needs and individual diets were catered for. Staff we spoke with told us they had received training and were supported to do their job. People had access to healthcare professionals when required.

Staff were kind and caring in their nature and respected people's dignity and respect. We spoke with staff who were knowledgeable about people's needs.

Care plans in place required more detail to ensure they were person centred and contained relevant information to ensure their needs were met appropriately. Some activities and social stimulation took place, but this was not always meaningful and appropriate for people who used the service. End of life care required further development. Staff did not receive training in this area and a process needed to be introduced to ensure people's end of life care needs were met. The provider had a complaints procedure and people felt able to raise concerns and comments about the service.

Improvements had been noted throughout the inspection. The management systems in the service had been developed to capture actions which arose from audits and people's feedback. However, some issues raised on inspection had been previously noted by the management team. This was in relation to PRN protocols and identifying that storage was a problem. Other issues such as the rusty shower chairs and the lack of person-centred information in care planning and end of life care had not been identified prior to our

inspection.

For more details, please see the full report which is on the CQC 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 22 November 2018)

#### 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?

Requires Improvement ●

The service was not always 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.

# Cantley Grange

## 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 an inspector 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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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 eight people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, care workers, catering staff and the activity co-ordinator. 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at two 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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.

### Assessing risk, safety monitoring and management

At our last inspection risks associated with people's care and treatment were not always identified or managed safely. This was a breach of regulation 12 (managing risks) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements and risks associated with people's care were assessed.

- At this inspection we found the provider had made improvements and risks associated with people's care were assessed. Risk assessments were in place to minimise risks occurring.
- Staff we spoke with were aware of people's individual risks and knew how to keep people safe.
- People who required the use of a hoist and sling to mobilise, were supported in a safe way.
- We saw equipment was serviced at regular intervals to ensure it remained safe to use.

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

At our last inspection the provider did not always protect people from the risk of abuse. This was a breach of Regulation 13 (safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements and people were protected from the risk of abuse.

- The provider ensured staff were trained in safeguarding people from abuse and had a process in place to keep people safe.
- People we spoke with told us they felt safe living at the home. One person said, "I feel alright here, I don't really think about being safe, but I suppose I am." Another person said, "I do feel safe here and the staff are very good." One relative said, "We have no problems with [relatives] safety here. [Relative] has been here for a long time now and they've always had a very good staff team here."
- Staff knew how to report abuse and felt confident the registered manager would act on their concerns.

### Staffing and recruitment

- The provider ensured there were sufficient staff available to support people to meet their needs.
- Staff we spoke with felt there were enough staff working with them and told us they worked well as a team.
- The provider had a safe recruitment process in place to ensure staff employed were suitable to carry out

their role.

- We looked at some staff recruitment records and saw the process had been followed.

#### Using medicines safely

- The provider ensured people received their medicines as prescribed.
- We looked at the storage, administration and disposal of medicines and found a safe process was in place.
- At our last inspection we found people who were prescribed medicines on an as and when required basis, had no protocols in place to ensure these were administered safely.
- At this inspection we found protocols were in place, but the provider was in the process of reviewing them to ensure they contained appropriate information.

#### Preventing and controlling infection

- The home was clean and mostly well maintained. We completed a tour of the home with staff and found no malodours.
- During the tour of the home we saw storage rooms had items stored on the floor making cleaning difficult. We also saw some shower chairs which were rusty in places. The provider took immediate actions.

#### Learning lessons when things go wrong

- At our last inspection we found no analysis of accidents and incidents and actions were not taken to reduce hazards.
- At this inspection we saw the provider had a system in place to monitor accidents and had taken action to minimise them. The accident and incident record showed actions had been taken such as a crash mat or sensor mat put in place, or a referral to appropriate professionals had taken place.
- Following a concern raised an investigation was carried out and recorded.



# 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 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.

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

- At our last inspection we found people's needs and choices were assessed but care and treatment were not always delivered in line with current legislation and standards.
- At this inspection we found people's needs and choices were identified, and staff respected them.
- The provider had a new care planning system in place which was electronic. Part of this package had assessment documents which were completed to ensure people had access to the right support.

Staff support: induction, training, skills and experience

- The provider ensured staff received training and support to assist them to carry out their role.
- The registered manager kept a record of training which detailed what training staff had received.
- Staff told us they received one to one supervision sessions with their line manager and training was worthwhile.

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

- We looked at care plans belonging to people who used the service and found they included support people required with eating and drinking.
- During our inspection we observed lunch being served on both units. We found people received meals in line with their needs and choices.
- People we spoke with told us they enjoyed the food provided at the home. One person said, "The food isn't bad at all here. They do give us a choice of different things." Another person said, "If anything, there is too much food. Still it's better than not enough! They offer two to three things every meal, but I can never eat all that they give me."

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

- At our last inspection we found people did not always have access to healthcare professionals. At this inspection we saw people had been appropriately referred to professionals as required.
- Staff took on board the advice provided by healthcare professionals to ensure people received appropriate care.

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

- The home was decorated and designed to meet people's needs.

- People had access to outside space.

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.

- We found the provider was working in line with the guidance set out in the MCA.
- Where people lacked capacity to consent, decisions were made in their best interests.

# 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 requires improvement. At this inspection this key question has now improved to good. 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

- At our last inspection we found staff did not always respond when people needed support. At this inspection we found staff responded to people in a timely and appropriate way.
- During our inspection we observed staff interacting with people who used the service.
- We found staff were kind, caring and polite when speaking with people. It was clear that staff knew people well and understood their needs.
- People we spoke with felt staff were caring and approachable. One person said, "I find the staff nice and very easy to get along with." Another person said, "They [staff] are polite. Nothing is too much trouble for them."

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

- During our inspection we saw staff involved people in decisions about their care.
- We looked at care documentation and found people's preferences and choices had been included. Important information such as how people preferred to spend their day and what they enjoyed doing, was considered.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with told us how the ensured people's privacy and dignity is maintained.
- Staff said they would close doors and curtains when carrying out personal care. One care worker said, "I get to know people and then they trust you. If someone is hard of hearing I ensure they have heard me and feel confident. I learn what people's preferences are and ensure they are happy and content." Another staff member said, "I look at the care plan for choices and preferences and give the opportunity for people to answer themselves."

# 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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At our last inspection we found people did not always receive care which was responsive to their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found care plan documentation had improved, however, it still lacked person centred information.

- Documentation in care plans required more detail. For example, one person was not easily reassured by staff. The person had a behavioural care plan in place. However, this did not highlight what would trigger behaviour and what would reduce incidents occurring.
- People and their families had been involved in their care plans and it was recorded that they were involved in reviews about their care.
- We observed staff interacting with people and found they knew people and could respond to them appropriately.

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.

- The provider had considered ways to display information in a format that could be understood.
- We saw communication care plans were in place which contained details regarding how people communicated and what support they may require.

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

- The provider employed an activity co-ordinator to provide social stimulation for people.
- We found activities were provided but they were not always meaningful.
- People who used the service told us, "I exercise in my room. I sit on my bed or my chair and do my leg exercises. I don't really like joining in with the things here. I like to keep myself to myself," "I have my hair done every week. Some of the staff will come in [my room] for a chat, but they are so busy with their jobs they don't often get the chance," and "There are things to do but I can't really be bothered with any of it."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed in the entrance of the home.
- The registered manager kept a record of complaints raised and could evidence they had addressed complaints appropriately.

#### End of life care and support

- A process needed to be introduced to ensure people's end of life care needs were considered.
- Staff did not received training in end of life care. We spoke with the registered manager about this and following our inspection we were informed this training had been arranged.
- Care plans in place had limited information regarding people's wishes.

# 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection we found audits in place to monitor the service were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found whilst audits had improved they required further embedding in to practice.

- Some issues we identified on our inspection had not been highlighted as part of the audit system. These included rusty shower chairs and the lack of person-centred information in care planning and end of life care had not been identified prior to our inspection. The rusty shower chairs were immediately removed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Person centred care needed to be developed. Staff we spoke with knew people well, however care plans required more information. Relatives we spoke with told us staff would benefit from more training around the complexities of dementia care.

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 and registered manager understood their duty of candour and were open and honest.
- The registered manager was aware of their regulatory duty to report specific incidents to the CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We spoke with people and their relatives and they told us they could speak with the registered manager and staff if they needed to. One person said, "[Manager's name] is very nice and I do believe that I could talk to her if I needed to." A relative said, "There has been massive improvements with the new manager. They are much more open and friendly now. They welcome us and seem more sociable."

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

- People who used the service and their relatives had opportunities to feedback their opinion about the service.

- A residents and relatives meeting took place frequently. Minutes were available for people to read.
- A quality assurance satisfaction survey is completed regularly and had a topic each month. These included a visitor's survey, laundry service, cleanliness of the home, staff satisfaction, professional visitors, food and menu survey, staff development survey, dignity and respect.
- An analysis of the findings was shown as 'you said we did.' The last food survey stated that more spicy food was required, and this was now part of the menu.

#### Working in partnership with others

- The provider worked in partnership with others and acted appropriately when required.