

# SCC Adult Social Care Orchard Court

## Inspection report

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Orchard Court provides residential care for people with a range of needs such as living with dementia and Parkinson's disease. The service accommodates up to 63 people in one adapted building. At the time of our inspection the service was supporting 16 people.

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

The service had made improvements to the quality of care and implemented new ways of working to give the registered manager better oversight of the service. We found that the medication audit process needed improving and embedding to be fully effective. The provider was aware of these shortfalls and was making changes to make the system more robust.

People felt safe living at Orchard Court and were supported by knowledgeable staff who knew them well. Staff understood their responsibilities to keep people safe, whilst enabling them to be independent and have maximum choice in the way they spent their days. Staff were suitably skilled and experienced to support people well.

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.

Staff were kind and caring and knew people's likes and dislikes. There was a cheerful and upbeat atmosphere at the home where people were busy and engaged.

People and staff were involved in improving the service and were invited to give feedback and ideas. Relatives were kept informed of changes and were involved in reviewing care when appropriate. They felt able to approach the registered manager with any concerns. Issues were addressed quickly and appropriately and lessons learned from incidents.

The registered manager was very visible in the service. She understood her responsibilities and had a clear vision for improving the service. She engaged with other partnership organisations to improve practice and drive up the quality of care.

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 the service under the previous provider was requires improvement, published on 30 April 2018. The service has improved to good.

### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Orchard Court

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

Orchard Court 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 that we had received about the service, and notifications sent to us by the provider about events within the service. We sought feedback from partner agencies and professionals who work with the service. 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. 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. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection-

We spoke with four people who live at the service and two family members about their experience of the care provided. We spoke with five members of staff including the registered manager. We reviewed a range of records. This included six care plans and four staff files in relation to recruitment and staff supervision. We also looked at records of service audits, governance, meetings, incidents, accidents, complaints and compliments.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We gained feedback from four health professionals who had recently worked with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- We saw staff completed medication counts and were up to date with their training in medicines administration. There was a schedule underway for assessing competency of staff in giving medicines and refresher training sessions booked to update their skills.
- Where people were on transdermal pain patches, we found an application record completed. This evidenced removal as well as administration of patches.
- We were satisfied people received the medicines they required, however, we found record keeping in relation to medicines was not robust. We have reported on this in the well-led section of the report.

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

- Staff were aware of their responsibility to safeguard people from harm and abuse. One staff member said, "I would immediately report it to the team leader." Staff responses in a recent survey showed they felt confident to raise concerns when necessary.
- The registered manager told us she attended regular meetings with the safeguarding adviser from the local authority where they reviewed any incidents. This meant themes and trends were quickly identified and mitigation actions put in place.
- A relative said of their family member, "I think she is very safe here." They confirmed they were contacted promptly by the service in relation to any issues such as an error with medicine.

### Assessing risk, safety monitoring and management

- Risk assessments for people were robust and reflected their day to day care. Staff had been trained to assess risk. One staff member told us about a person with poor eyesight, they explained how they must ensure the environment was free from hazards to reduce the risk of them falling.
- Another person's risk assessment gave guidance to staff to support a person at risk of choking. It stated that the person should be propped on one side and given a straw to drink with. We saw staff supporting the person in line with the plan.
- Assessments showed staff how to encourage people to remain independent whilst reducing risks. For example one person who wished to drink alcohol, and another who preferred to mobilise independently although at risk of falling. In each case people were supported to live the way they chose in a safe way.
- Personal emergency evacuation plans (PEEPs) were in place. These informed staff what individual support a person would need if an evacuation from the building was necessary. Practice fire drills were carried out regularly and staff knew the fire drill procedures.
- Team leaders and maintenance staff conducted daily visual checks of the building to help ensure fire alarm panels were working, fire doors closed as required, and to identify any safety concerns that needed

attention. A bathroom door had recently been identified as closing too quickly and we saw that this had been rectified to prevent accidents.

#### Staffing and recruitment

- Staffing levels were sufficient to meet people's needs. Although staff were busy, we saw they had time to talk with people and staff confirmed this to be the case. The registered manager told us staffing levels would be steadily increased in line with new admissions using their in-house dependency tool. One person who lived at the service gave feedback saying, "I know that the people who work here always will look after me."
- The registered manager explained that dependency levels of people they supported, helped her to determine safe staffing levels and this was adjusted as and when necessary. Recently, the lift needed major works, and people were moved to rooms on the ground floor. The staffing levels were adjusted accordingly. Staff levels were also increased to enable staff to spend more time with a person receiving care at the end of their life.
- Recruitment practices were robust. Full employment histories and references, as well as conduct and character checks were obtained prior to appointment. Disclosure and Barring Service (DBS) checks were completed which helped the provider to make safer recruitment decisions.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Incident and accident records show that issues were addressed quickly, recorded and investigated to find the cause. There was evidence of actions taken to mitigate future risks. Learnings from accidents and incidents was shared with the staff team through meetings and at shift handover discussions.
- One record showed that following a fall, the person's care plan was reviewed and updated, a new lower bed ordered, and an additional mattress and crash mat put in place. Staff were informed of updates at their next handover and the GP and district nurses were contacted for support.
- The registered manager had arranged for staff to be trained in positive behaviour support following an incident where they had found it difficult to reduce a person's distress who was living with dementia.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- Staff were aware of the importance of gaining consent from people. Records showed that the correct process had been followed for people related to being tested for COVID-19. A mental capacity assessment had been carried out to ascertain people's understanding of the decision to be made, and then a best interests decision agreed with relevant parties and recorded.
- However, assessments were not always recorded for decision-making around other aspects of people's care, such as living at a service with a locked door. This had little impact as staff knew people very well and people told us they were able to make their own decisions.
- The registered manager showed us evidence that they had already identified this shortfall and were working to address it.

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

- National standards were used to assess people's needs such as nutrition, skin care, diabetic care and oral health. Admissions were declined when the registered manager felt the person's needs could not be met adequately at the service.
- People were weighed monthly and any concerns were raised with the GP during their weekly round within the home. When interventions were required, a referral was made to the dietician.
- Care plans included details of people's choices in relation to food preferences, how they preferred to spend their time, and what they could do independently.
- Families were kept involved and informed of assessments and reviews of care needs by the registered

manager.

- People who had no family to support them in their care decisions, had an advocate appointed who was involved in the care reviews.

Staff support: induction, training, skills and experience

- People were supported by staff who knew them well and who had received regular training. Most of the care staff had completed their Level 2 Health and Social Care qualification and six staff had gained their Level 3. One staff member told us they had received a lot of training since starting working for the service six months ago. We saw staff following the latest best practice in infection control following their recent training.
- The registered manager had arranged specific training for staff in understanding behaviour so that they could support people who may become distressed. Other training staff had attended helped them to identify issues of concern. For example "React to Red" training helped staff to identify early signs of pressure sores developing and we saw evidence that staff had sought advice from district nurses where they had concerns about pressure care.
- Induction training for new staff took place in the first two weeks of employment. This involved the staff member shadowing more experienced staff and completing initial training and a workbook. Meeting minutes we saw reminded existing staff to be patient and understanding with new starters, and to show them how they did things.
- The service had engaged fully with the care home support hub which is a multi-disciplinary team that provide support to care providers in the Surrey region. They had delivered training and development initiatives for staff.

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

- People told us that they liked the food provided at Orchard Court. One person said, "The food is very good". We observed staff show people a choice of meals so they could make their own decision at lunchtime.
- We observed a lunch time in progress and saw the tables were attractively set with a colourful picture style menu. We saw staff chatting and laughing with people whilst they waited for their meal to be served. People appeared to enjoy their food.
- Care plans detailed specific needs around eating and drinking. One stated that an individual must be supported to sit upright at the table and was to have 'soft, bite sized food.' We saw the person was supported following their plan.
- The chef showed us a list of people's specific dietary requirements, for example one person who was diabetic. They explained they made low sugar or sugar free puddings for them so they could continue to enjoy having desserts. Charts were visible to kitchen staff showing the different food consistencies for people who required a softer diet.
- Fluid charts were in place for everyone living at the service. However, although their drinks were recorded, there was no target amount, tally of daily total amounts and no subsequent actions recorded. The registered manager agreed this meant these records were not useful and as such they would review this practice.

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

- Referrals were made to healthcare professionals effectively and efficiently when required. Comments we received from those professionals included, "Very proactive in their patient's care", "Knowledgeable about

their residents," and "Aware of difficulties that need to be addressed". One health professional told us, "The staff are amazing, they know people." They confirmed that people were referred to their service appropriately.

- There was evidence referrals had been made to the falls specialist team, the hospice for palliative care support, the speech and language therapy (SaLT) team and GP's and district nurses, in order to get expert advice.
- People were encouraged to exercise and we saw one person enjoying a session in chair-based exercise.
- The registered manager had started an initiative to encourage hydration. People were encouraged to improve their intake of fluids through a hydration station scheme, where fresh fruit chunks and fruit jellies were attractively served for people to help themselves and we saw several people enjoying this.

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

- The layout of the home supported people's needs and the accommodation being used at the time of the inspection was all on one level. There were two living sections which each had a lounge area and dining room. They were brightly decorated with ornaments, cushions and pictures with a view of the garden and park.
- Good signage helped to make it clear to people which rooms were which and some corridors had wide ramps instead of steps for people with poor mobility. In addition, there was a large bright room used for group activities and socialising, which also had a large screen used to show films.
- We observed people using walking aids, wheelchairs or chair raisers to assist them when mobilising or sitting.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and relatives provided complimentary feedback about the service and the staff. One relative told us staff knew her mother, "Inside out" saying, "Mum looks so well and really well cared for." Another relative said staff were lovely and had really looked after their father. Staff interacted with people in a kind and cheerful way, occasionally sharing a joke and laughter. There was an upbeat atmosphere at lunch time.
- People told us they liked living at Orchard Court. One person said, "It's really lovely here and staff are very kind." Another person told us they knew all the staff and that they were, "Very good". A third person said "They look after us well."
- Staff understood what people liked. One staff member explained to us how they supported a person with a comfort object when they felt distressed, saying they "Get upset when this is missing, so we find it for them and they feel better."
- A health professional told us, "They work with the residents they have, with care and compassion, and always put their needs first. The patients we have who reside at Orchard Court always appear happy and content."

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

- People were involved in decisions about their care. One person told us, "I do what I want to do and make my own decisions about how I spend my time." We saw people being asked by staff where they would like to sit, and whether they wished to take part in activities.
- People had recently been asked to provide feedback about the service. People were involved in setting up the survey and deciding whether they would like to take part. They were also asked how they would prefer to provide feedback.
- Comments in the survey confirmed people felt able to share their views. Comments included, "If I am unwell, one of the people who work here will get me a doctor to talk to," and "The staff always have time for a chat with me even when they are busy."

Respecting and promoting people's privacy, dignity and independence

- Care plans reflected the importance of dignity, privacy and independence. One care plan reminded staff to be aware of how an individual may feel as they had an intervention for toileting needs and may find this embarrassing. Another plan detailed a person's preference to eat with a plastic spoon and that, with prompting and showing them how, the person would continue to feel independent with eating their meals.
- People were spoken to in a way that was dignified. We heard a member of staff speaking clearly and kindly to a person who was hearing impaired.



# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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; End of life care and support

- People's care plans were specific to each individual, with detail of the persons needs and abilities, associated risks, preferences and background history. There was also information about people's physical and emotional needs. One plan told staff that the person, "Can get low in mood at times. Encourage her to join in with activities," and we saw this happening.
- Several care plans included reminders to staff of the importance of certain comfort objects to people. We saw that staff treated these items with respect and gave them to people when they needed reassurance.
- People were offered a range of activities and their likes and dislikes were included in their care plan. We read, "Likes crosswords", and "Loves to have hair and nails done." We saw these activities taking place with people.
- Reviews of people's plans took place monthly and family members were included where appropriate. We asked one relative if staff understood their loved one's needs. They told us, "Very much so."
- Although the service was not supporting anyone with end of life care at the time of the inspection we read people had been asked to express their wishes for when this time came. The registered manager told us that they had worked closely with the local hospice to enhance their end of life support for people when required.

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.

- Care plans included people's communication needs to advise staff on how best to communicate with them. One care plan noted the person, "Prefers not to wear their hearing aid, so speak clearly and slowly and give good eye contact."
- A staff member told us one person they supported was hearing impaired and they wrote messages down for them. Menus and activity planners had bright pictures to help people make choices. At lunchtime, people with memory difficulties were shown two plated up meal choices, so that they could decide at the time what they would like to eat.

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 encouraged to maintain contact with family and friends and one person told us that they had spoken with their son using a computer that day.

- There was a full activity programme which included events such as Mother's Day and Easter parties, singing, reminiscence, flower arranging and arts and crafts. We saw that the garden area had been discussed at a recent staff meeting with plans for hanging baskets and getting large patio umbrellas ready for people to enjoy going outside.
- People were asked to give their view of activities in a recent survey. Most people felt they were offered enough activities.
- We saw people enjoying planting up flowerpots together and in the afternoon a person having their nails painted. We also saw one person enjoying a Zumba-style exercise class and others being invited to join in by staff. One person told us, "There are always things going on here."

#### Improving care quality in response to complaints or concerns

- Feedback was encouraged and any complaints were logged and coded so that the registered manager could easily identify themes or trends. People confirmed that their concerns were addressed without delay and records showed that complaints were acknowledged and investigated promptly and the outcome shared with relevant parties.
- Relatives told us they felt able to raise concerns with the registered manager. One relative said, "I know I can go to the manager, or any of the staff, they will always help with any queries I have."

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

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

- Medication audit processes were not robust and did not always identify shortfalls in medicine records. For example several gaps in people's MARs had not been identified in a recent audit. An audit carried out in March 2021 had concluded, "All individuals have a PRN protocol that is up to date." We identified several people on PRN medicines without a related protocol.
- Despite an action recommended by a pharmacist audit in March 2020 of, "Staff to date all medication when opened," we found liquid medications with no opening dates. The registered manager acknowledged that improvements were required in their recording and auditing processes related to medicines, and assured us they were taking action to address this.
- Quality assurance audits were completed regularly on many other aspects of the service. They had identified issues and prompt action had been taken to address these.
- Incident and accident records demonstrated the provider was open and honest when things went wrong. The registered manager involved families in discussions about the actions that would be taken to mitigate future risks.
- Handovers and heads of department meetings had been introduced to improve communication and ensure staff were informed and updated daily. In addition, an environment walkaround ensured prompt identification of issues, such as faulty lighting, door closures etc.

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

- The registered manager made herself available and accessible to people and staff. She explained the culture in the service had improved and staff were more open and transparent about raising concerns and learning lessons when things went wrong. In a recent survey, one staff member said, "Staff and good management are better now."
- Staff told us they could raise concerns to management and felt able to share ideas and suggestions for improvement.
- The registered manager told us their key values were, "Respect, care, support and an open-door policy." We saw back to work interviews had been carried out to support staff returning to the workplace.
- People told us Orchard Court was a, "Happy place." Feedback in the survey included, "I'm very well looked after and everyone is so kind," and, "All of the people here are nice and always smiling."



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

- Feedback surveys were used to improve the service. A recent survey had been sent to people, their relatives and to staff and responses were being received. People were asked if they wanted to participate and questions were worded in a way that made it easier for them to take part.
- People had been involved in plans to redecorate the home and had been asked about colours and preferences.
- The registered manager held regular meeting with staff teams where current issues and potential solutions were discussed. For example, a specific meeting was held to discuss medication administration issues. Staff suggested possible solutions such as better trolley lighting and clearer forms.
- Other discussions were related to staff's wellbeing and the registered manager reminding staff to be aware of other's feelings and to ask colleagues if they were feeling okay.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us she had been linking in and working closely with Surrey County Council provider support to improve Orchard Court. She had plans in place to improve the training with more face to face sessions when COVID-19 restrictions allowed. She also wanted to improve documentation relating to, "Proud moments and achievements" at the home to showcase the improvements that the team had made.
- Admissions to the home had been paused in order for the new provider to make improvements, and the registered manager told us how pleased they were to now be opening up to new admissions and how they planned to do this very carefully so quality of care was not compromised.
- Improvements had been made to the admissions process for people from hospital settings following concerns raised by the clinical team relating to nursing needs they would be involved in supporting.
- Health professionals told us that Orchard Court was welcoming and friendly. One said, "The manager takes a leading role in all care at Orchard Court which I rarely see elsewhere," and "I am confident they are working to the best of their abilities in caring for residents."
- The registered manager was involved in improvement initiatives, such as meetings with the safeguarding advisers who shared case studies and learning from those to improve care practice. For example, as a result of a choking incident the learning around staged diets and referrals to the speech and language team (SaLT). This information was shared with the team to enhance their understanding.
- Staff routinely made referrals to other services and were familiar with health professionals and their scope of support. This included the dietician, speech and language therapy, GP's, district nurses, mental health team and occupational health.