

Flightcare Limited

Orchard Residential

Inspection report

Orchard Residential
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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

This was an unannounced inspection, carried out on 15 September 2015.

Orchard Residential is a care home for up to 26 people who require personal care. It is a converted building located in a residential area of Huyton near Liverpool, with access to public transport and local shops. Garden areas and a car park are available directly outside.

The service has a registered manager. 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.

The last inspection of Orchard Residential was carried out in May 2013 and we found that the service was meeting all of the regulations we assessed.

Summary of findings

At this inspection we found there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Improvements were required to ensure people's safety. People's safety was put at risk because pull cords for activating call bells were tied up out of reach in toilets and bathrooms. Following a discussion with the manager during our inspection, a check was carried out on all call bells across the service to ensure they were fully accessible to people.

Some parts of the service and equipment used to help people with their mobility were unclean, increasing the risk of the spread of infection. Following a discussion with the manager during our inspection, a deep clean of areas which were unclean was carried out at the time of our inspection.

Staff told us that they felt well supported in their role on a day to day basis; however they had not been formally supervised in line with the registered provider's staff supervision policy which stated all employees should receive formal supervision at three monthly intervals. Over half of the staff team had not received a formal one to one supervision for more than a year. This meant that staff were not given the opportunity to discuss formally their personal objectives, performance, training and development needs.

People were not always treated in a way which was dignified and person centred. Staff referred to people in groups rather than as individuals. Staff assumed it was appropriate to serve people their meals and drinks using plastic tableware without taking account of their individual needs. We discussed this with the registered manager during the inspection and she confirmed that she would address this.

Although the registered provider had systems in place for checking the quality of the service they were not always effective as they failed to identify a safe environment for people who used the service. The registered provider failed to address concerns about people's safety despite previously being made aware of them.

There were safe systems in place for the management of people's medicines. They were stored in an area which was secure, clean and well organised and they were

handled by staff who had undertaken medication training. People received their medication on time and appropriate records were completed for the administration, receipt and destruction of medicines at the service.

Staff had access to information and guidance about safeguarding procedures and they were confident about recognising abuse or potential abuse and reporting any concerns they had. People who used the service told us they felt safe and that they had a lot of trust in the staff.

Processes for recruiting staff at the service were thorough and safe. Applicants were subject to a range of checks prior to starting work at the service; including a check with the Disclosure and Barring Scheme (DBS). These checks helped the registered provider to determine if the applicant was suitability qualified, skilled and experienced for the job and of good character.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and DoLS to ensure that people who could not make decisions for themselves were protected. Appropriate safeguards were put in place for people who did not have the ability to make decisions about aspects of their care and support.

People were provided with a choice of food and drink. People who needed it had their food and fluid intake closely monitored and they received assistance to eat and drink. Appropriate referrals were made to dieticians and nutritionists and staff acted upon their advice and guidance to ensure people received the support they needed to maintain a healthy diet.

People's needs were assessed, planned for and regularly reviewed with their involvement. Relevant others such as family members and other health and social care professionals were consulted required. People received the right care and support by staff who knew them well.

People who used the service and relevant others were provided with information about how to complain and they told us they would not be worried about complaining if they needed to. People were confident

Summary of findings

that their complaints would be listened to and acted upon. A record of complaints was maintained and this showed people's complaints had been acknowledged and dealt with in a timely way.

Summary of findings

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.

People's safety was put at risk because they did not have easy access to call bells in bathrooms and toilets.

The lack of cleanliness in parts of the service increased the risk of the spread of infection.

Appropriate safeguarding procedures were followed to ensure people were protected from abuse and the risk of abuse.

Safe procedures were followed for the management of people's medication.

Requires improvement



Is the service effective?

The service was effective.

Staff did not receive formal supervision in line with the registered providers policy and procedure.

People were offered a choice of food and drink and their dietary needs were understood and met.

The law was followed when making decisions on behalf of people who lacked capacity.

Good



Is the service caring?

The service was caring.

People were not always treated in a person centred way.

People received care and support in a calming and relaxing environment.

Staff used calming techniques which helped to settle people and minimise their distress.

Good



Is the service responsive?

The service was responsive.

Some parts of the environment lacked stimulation for people living with dementia.

People's needs were assessed, planned for and regularly reviewed to ensure they were being met.

The service had a complaints procedure which was made available to people and others. People were confident about complaining if they needed to.

Good



Is the service well-led?

The service was not always well led.

Requires improvement



Summary of findings

Systems in place to identify, assess and manage risks to people's health, safety and welfare were not always effective.

The registered provider failed to address concerns about people's safety despite them previously being made aware of them.

Incidents and accidents were appropriately recorded and the information was used to facilitate learning and minimise reoccurrences.

Orchard Residential

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the service on 15 September 2015. Our inspection was unannounced and the inspection team consisted of two adult social care inspectors.

We observed the care people received, met with all of the people who used the service and spoke in detail with six people. We also spoke with two visiting family members. We spoke with the registered manager, a quality manager for the service, five members of staff who held various roles,

including; care staff and ancillary staff. We looked at the care records for four people, recruitment and training records for three? members of staff and records relating to the management of the service.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us since the last inspection. We contacted local authorities who commission care at the service to obtain their views about it. We received information from Healthwatch Knowsley following an Enter and View visit which they carried out prior to our inspection. Healthwatch England is the national consumer champion in health and care and they have statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. Enter and View is when authorised members visit care premises to view the quality of care, write a report, and feed back to the organisation providing the care.

Is the service safe?

Our findings

People told us that they felt safe at the service, their comments included; “I feel safe and secure here” and “I’d let them know if I was worried and had concerns”. One relative told us “I feel my father is safe here”.

Prior to our inspection we received information from Healthwatch Knowsley following an Enter and View visit which they carried out at the service in July 2015. They raised concerns about people’s safety in relation to the accessibility of call bells and the cleanliness of the kitchen and passenger lift. During the visit Healthwatch Knowsley identified that pull cords to activate call bells were tied up out of reach of people. On arrival at the service we checked areas of the service and found that pull cords were tied up out of people’s reach in all bathrooms and toilets. This meant that people’s safety was put at risk because they were unable to use the call bell to alert staff in the event of them needing assistance whilst using bathrooms and toilets. We raised this with the registered manager and she immediately carried out a full check of call bell pull cords across the service and ensured they were accessible to people.

The passenger lift was found to be clean during our inspection; however other parts of the service were unclean. For example; the skirting boards and walls in an area between the kitchen and dining room were some food items were stored and prepared were heavily stained with food debris and spillages as were cupboard doors and floors in the main kitchen. The edges of floors and skirting boards on corridors and in both dining rooms on the ground floor had a build-up of dirt and dust which indicated that they had not been cleaned for some time. Equipment people used to help with their comfort, mobility and independence, including standing aids, wheelchairs and hoists were also unclean with dust and food debris. The lack of cleanliness in parts of the service increased the risk of the spread of infection. We discussed our concerns about the cleanliness with the registered manager and she arranged for a deep clean of the areas to take place immediately. A deep clean of the area between the kitchen and dining room and the floor and cupboards in the main kitchen took place and was completed prior to us leaving the service. Following our inspection the registered

manager notified us of further action they had taken to ensure the cleanliness of the other areas. This included the cleaning of equipment, floors and skirting boards in corridors and the dining rooms.

Staff had received training in topics of health and safety including; first aid and fire awareness. They were confident about dealing with emergency situations such as if a person suddenly became ill or if there was a breakdown of essential equipment at the service. Staff knew where emergency equipment was located, such as fire extinguishers and first aid boxes. The first aid boxes held in the kitchen and the staff office were not stocked with the required items and some items held within them were out of date. For example, wound dressings had expired in 2013 and some in 2014. Used items had not been replaced and there was no checking system in place to ensure that the boxes were fully stocked. This posed a risk to people in the event of them requiring first aid. We raised this with the registered manager who immediately ordered two new first aid boxes. Following our inspection the registered manager notified us that the new first aid boxes had arrived and had been put in place.

Staff had completed infection control training and they had access to information and guidance in relation to prevention and control of the spread of infection. Personal protective equipment (PPE) including disposable gloves and aprons were located around the service and readily available to staff. Staff used PPE as required, for example when they assisted people with personal care and when handling soiled laundry.

All medicines were checked when received into the service and it was stored safely. There was a system in place for the disposal and return of medication. Staff who administered medicines had received appropriate training. Staff had access to policies, procedures and good practice guidance in relation to managing people’s medication. Medication administration record (MARs) for each person detailed each item of prescribed medication and the times they were to be administered. MARs showed that one person had been administered the maximum amount of PRN medication each day for two weeks. PRN means to be given when required. There was evidence to show a review had taken place with the person’s GP to discuss the continuous use of PRN medication and the possible effects. The service was awaiting further guidance from the GP.

Is the service safe?

The registered provider had a recruitment and selection policy and procedure. Recruitment records for three members of staff showed that the process for recruiting staff was thorough and safe. Applicants had completed an application form and attended interview, which required them to provide details of their previous employment history, training and experience. A range of checks had been carried out prior to a job offer, including references and Disclosure and Barring Service (DBS) checks. DBS checks were carried out to check on applicant's criminal record and to check if they have been placed on a list for people who are barred from working with vulnerable adults.

People were protected from abuse or the risk of abuse. Staff had completed safeguarding training and they had access to the procedures they needed to follow if they

witnessed or suspected abuse. Staff described the different types of abuse and signs which indicate abuse may have taken place. Staff also explained the actions they would take if they suspected or witnessed abuse. This was in line with safeguarding procedures set out by the registered provider and relevant local authorities.

The number of staff on duty was appropriate to keep people safe and meet their individual needs. Staffing rotas for a four week period prior to our inspection showed a consistent amount of staff on duty throughout the day and night. Rotas also showed that each shift had been led by either the registered manager or a senior carer. Senior carers were appropriately qualified and experienced for the role they carried out. Staff told us they felt the staffing levels were safe and that they had time to provide people with the care and support they needed.

Is the service effective?

Our findings

People told us that the staff did a good job and met their needs. People's comments included; "They look after me well" and "They [Staff] seem to know what they are doing". A family member told us "The staff have been very good to my dad. He is cared for very well".

Staff told us they felt well supported in their day to day role; however they told us that they were unsure of when they last had a formal supervision with their line manager. One member of staff said "I have had one but not for a while" and "I can't remember when my last one was". Staff had not received formal one to one supervisions in line with the registered providers staff supervision policy which stated all employees should receive formal supervision at three monthly intervals. The policy also stated that supervision sessions were held to enable staff to discuss with their line manager their personal objectives, performance and development. Records we viewed showed five out of eight staff had not received a formal supervision session for more than a year. We raised this with the registered manager and they assured us that they had plans in place to carry out formal supervisions with all staff, in line with the registered provider's supervision policy. Staff told us and records confirmed that regular staff meetings had been held during which time staff were updated with any changes to the service such as policies and procedures and new ways of working. Staff said the meetings had provided them with an opportunity to share ideas as a team and explore ways of improving the service.

All new staff were required to complete an induction programme which commenced on the first day of employment. As part of their induction new staff completed training in key topics such as first aid, safeguarding, infection control and dementia care and they shadowed more experienced staff for a period of time before being included in the staff rota. All staff were provided with annual refresher training in topics relevant to their roles and responsibilities and the needs of people who used the service. Staff had completed a knowledge test to assess their competency in relation to the training they had completed. Staff comments included; "The training we get is very good", "I feel well trained" and "We are always doing some kind of training".

Staff had the information they needed to meet people's needs. The registered provider carried out an initial needs

assessment in respect of each person prior to them moving into the service. In addition they obtained copies of need assessments carried out by other health and social care professionals. The registered provider used the outcome of assessments to help determine if people's needs could be met by the service. People made decisions and were given choices about their care and support. People's preferences and wishes about how their care and support was to be provided were included in their care plans and people told us that staff took notice of this. People and relevant others had signed care plans to show they were consulted about the content and agreed with them.

The registered manager and senior staff demonstrated a good understanding of the principles of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards (DoLS). The MCA ensures the human rights of people who may lack capacity to make particular decisions are protected. The registered manager had made a DoLS referral for a number of people who used the service and at the time of our inspection three people had an authorised DoLS in place. A copy of the DoLS referral was held in people's care file along with the approved authorisation.

People's dietary needs were assessed and a care plan was put in place for people who were at risk of a poor diet. Appropriate referrals were made to dietitians, nutritionists and speech and language therapists and following their advice charts were used to monitor people's food and fluid intake. The chef held information and was knowledgeable about people's specific dietary needs such as people who required a soft diet and people who required high or low calorie foods.

A menu displaying pictures of the choice of meals for the day was mounted on the wall in the main corridor near to dining rooms. We observed the lunch time period in both dining rooms. People were provided with the equipment they needed to help with their independence whilst eating and drinking and staff provided assistance to people who required it. Food stores were well stocked with a variety of fresh, tinned and dried food products and there was a good selection of hot and cold drinks. Drinks and snacks, such as fruit, cake and biscuits were made available to people in between main meals. Jugs of fruit juice and water were located around the service so that people who were able could help themselves and staff regularly offered drinks to people who required their assistance.

Is the service effective?

People were appropriately supported to access healthcare services, including GPs, dentists, chiropodist, opticians and hospital appointments. Care records clearly documented the links people had with their GP and other health care services. Outcomes of appointments were clearly recorded

in people's individual care records along with the details of any continuing care and support which staff were required to provide. A family member told us that staff had been proactive with regards to their relative's health and that as a result their relative's health had improved.

Is the service caring?

Our findings

People told us they were happy with the care and support they received and that staff had listened to them and respected their wishes. People's comments included; "They [staff] always ask what I want", "Staff are really good and caring, you can't buy better" and "They [staff] are kind and patient".

People did not always receive care and support which was dignified and person centred. Staff referred to people in groups rather than as individuals. For example, one member of staff said to the cook "What desserts are there for the diabetics" and another member of staff said "I will see to the ones in bed". Also, when we held discussions with staff they referred to people who used the service as 'the ones with' rather than identifying people by their name or title. People were served their meals on plastic plates and some people were served drinks in plastic cups. Staff told us they assumed the use of plastic tableware was to prevent people being injured in the event of someone throwing a plate or cup. We explored this with the registered manager; however she was unable to provide us with a clear explanation or any evidence to support the use of plastic tableware. Following our inspection the registered manager informed us that they had planned additional training for staff around person centred communication and that they had ordered new crockery.

Staff respected people's privacy and human rights. For example; Staff ensured information about people who used the service was treated confidentially. People's personal records were accessed only by the relevant staff and they were locked away when not in use. Staff comments included; "I treat people the same way I would wish to be treated", "I only share information on a need to know basis" and "The residents here have exactly the same rights as you and I". Staff asked people before their meal if they would like to wear a protective apron. The member of staff explained to people that it would protect their clothes from any spillages. Staff were patient when assisting people at meal times; they provided gentle prompts and explained to people what the meal consisted of. Staff knocked on bedroom and bathroom doors and waited for

a response before entering and they closed doors behind them when assisting people with personal care. Staff took their time when assisting people and their approach was friendly and unhurried.

The atmosphere at the service was relaxed and calm and people spoke freely with each other and with the staff who supported them. Staff gave people choices about things such as where they would like to spend their time and who with. Care records detailed people's choice and personal preferences and ways in which staff should promote people's independence. For example, people who were able were encouraged to self-care and staff gave people supportive prompts and gentle reminders rather than taking over, this encouraged people to be independent as possible.

Staff demonstrated a good knowledge of the people they supported. They had taken time to get to know people's personal histories such as where they grew up, their employment and family history. Staff also knew people's likes and dislikes and preferred daily routines such as what time they liked to rise each morning and whether people preferred to have a bath or a shower. A family member told us that the staff had taken time to get to know their relative. Many of the staff had worked at the service for a long time which meant people received continuity of care by staff who knew them well.

Staff remained calm and positive when they supported people who were distressed. Staff reassured people using calming techniques such as walking with people around the service and offering people one to one activities. This helped to settle people and minimise their distress.

People told us that they had been involved in planning their care and support and where appropriate relevant others had been consulted, such as family members and advocates. Information about advocacy services were made available to people and staff knew the circumstances in which people would require or benefit from the support of an advocate.

The registered provider had an up to date statement of purpose (SOP) which was made available to people. The SOP described the aims and objectives of the service, services and facilities available, the type of care provided and contact details of the registered provider.

Is the service responsive?

Our findings

People told us that they were happy with the service they received and that staff had responded to their needs. People's comments included; "They [staff] see to everything I need" and "The girls know me well and are there when I need them". One person's family member told us that staff had acted promptly in ensuring their relative settled into the service.

On admission to the service care plans were developed for people's identified needs and they were regularly reviewed and updated to take account of any changes. People and relevant others such as family members were involved in the assessment and care planning process. One family told us that the admission process for their relative had been carried out sensitively and promptly and they said; "I was fully informed and involved". The person's care file included pre admission assessments, assessments obtained from other professionals and a care plan for their assessed needs which had been completed with their input and the input of relevant others.

A daily record was maintained for each person who used the service. Staff used the records as a way of communicating essential information about people, such as the care and support they received and changes made to people's care plans. The records showed that staff had acted appropriately when they identified any concerns about a person's health or wellbeing. For example GPs were called upon when people presented as unwell and other health and social care professionals were contacted for advice and guidance when needed. Other records which were completed when required for people included; food and drink charts, daily diaries and medication administration records. The records showed that people were in receipt of consistent care and support which met their needs.

Photographs, signs and symbols were used around some parts of the service to identify areas such as bathrooms,

toilets and people's bedrooms and also to provide people with information. These helped with the orientation of people living with dementia and acted as communication tools, reminders and prompts about things such as the date, choice of meals and planned activities. There was however an overall lack of suitable facilities to occupy and stimulate people living with dementia. This was recognised by the registered manager who told us that there were plans in place to develop the service making it more suitable for people living with dementia. This included the purchasing of period items to stimulate people's memories from the past and items such as tactile pictures and sensory lights so that people could engage in activities which were stimulating, meaningful and safe.

The registered provider had a complaints procedure which was made available to people who used the service and relevant others. People and their family members told us they knew how to make a complaint and that they were confident they would be listened to. Comments included; "I've no complaints but know who to tell if I did and I'm sure they would listen and make it right." and "I haven't had any cause to raise a complaint or concern. The manager is very approachable". A record was kept about any complaints raised and there was documented evidence to support the investigation process which had been followed in line with the registered provider's policy.

We saw the responses from questionnaires recently completed by people, their advocates and relatives and external agencies. The questionnaires provided people with the opportunity to rate and comment on aspects of the service relevant to them. For example the friendliness of staff, the general mood of the service, privacy and dignity, food and the overall care. Results of questionnaires were analysed and made available for all to see. The overall results and comments made showed that most people who participated in the questionnaires thought the service was either good or very good.

Is the service well-led?

Our findings

People who used the service and their family members told us the service was well managed. Their comments included; “The manager is approachable”, “She [the registered manager] has kept me informed” and “I only have to ask for her and she will come”.

The service was managed by a person registered with CQC.

There were quality assurance systems in place at the service which included a range of daily, weekly and monthly checks on things such as health and safety, care plans, medication, the environment and staff performance. However, some of the checks were not effective. For example, daily safety checks on the environment failed to identify that calls bell pull cords were tied up out of people’s reach. Checks on cleaning scheduled failed to identify poor standards of cleanliness in parts of the service including the kitchen, dining areas and corridors. This also demonstrated that the registered provider had failed to act upon the findings which were raised with them by Healthwatch Knowsley following an Enter and View visit which they carried out in July 2015. The details are cited in the safe section of this report.

The quality assurance systems had also failed to identify that staff had not received formal supervision in line with the registered providers staff supervision policy. This meant that staff had not been given the opportunity to formally discuss with their line manager their personal objectives, training and development.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as insufficient and ineffective systems were in place to assess, monitor and improve the service that people receive and to protect them from the risk of harm.

Staff were familiar with the management structure of the service and their lines of accountability. The registered manager was responsible for the day to day running of the service and in their absence senior staff were nominated to take the lead on things such as decision making and ensuring safe and effective care for people who used the service. There was an on call system in place whereby staff could contact a member of the management team for advice and support if they needed to. Details of the person who could be contacted was made available to staff.

There was a positive and open culture at the service and staff told us they were listened to. The registered provider had a whistle blowing policy which staff were familiar with. Staff said they were not afraid to speak up about any concerns they had and they felt confident that their concerns would be dealt with in confidence. One member of staff commented “I’m sure they [registered manager] would listen and act on any concerns. I’ve raised things in the past and they were sorted”.

People who used the service, family members and staff reported that the lines of communication across the service were good and that they were made aware of any changes to the service such as up and coming events, proposed changes to the environment, policies and procedures and planned training. People were invited to attend a meeting every six months. An agenda was put together which included topics for discussion which people chose prior to the meeting taking place. Topics for discussion included food, entertainment and activities. Minutes following the last meeting which took place in August 2015 included suggestions people made about things they would like to do such as a ‘chip shop’ themed evening. Discussions with people and records showed this event had taken place.

Staff meetings had taken place approximately every six weeks. Minutes from staff meetings showed they were well attended and that staff were given the opportunity to contribute to the running of the service. A member of staff told us they had attended staff meetings and they had enabled them to get things off their chest and put forward ideas. Minutes of staff meetings were made available to staff that were unable to attend.

There was a system in place for recording and monitoring accidents and incidents and an audit of accidents and incidents was carried out each month. This enabled the provider to monitor incidents, identify any trends and ways of learning to avoid future occurrences.

The registered manager had notified CQC promptly of significant events which had occurred at the service. This enabled us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Insufficient and ineffective systems were in place to assess, monitor and improve the service that people receive and to protect them from the risk of harm.