

HMT Care Limited

Orchard House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Orchard House is a residential care home providing personal care to 15 people mainly living with Huntingdon's disease at the time of the inspection. The service can support up to 15 people in one adapted building and a bungalow in the grounds.

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

People told us or indicated they felt safe living at the service. However, potential risks to people's health, welfare and safety had not been consistently assessed. Staff did not have guidance to mitigate risk and keep people safe.

Incidents and accidents had been recorded but had not been analysed to identify patterns and trends. Incidents involving behaviour that may be challenging had not been discussed with the local safeguarding authority. The registered manager had not notified the Care Quality Commission of incidents within the service as required.

Medicines had not been managed safely. Staff had not followed guidelines when administering medicines. People's health needs had not been assessed using recognised tools and following good practice guidance. Care plans did not always reflect the care being given.

Checks and audits had been completed. However, they were not robust and effective in identifying the shortfalls found at this inspection. People and staff had been asked their opinions on the service. The actions taken in response to any concerns or suggestions had not been clearly recorded, this is an area for improvement.

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. However, improvements in the recording of decisions was required.

People were given a choice of meals and snacks to keep them as healthy as possible. Staff knew people's choices and preferences and people told us they were supported in the way they preferred.

People were treated with dignity and respect, staff supported them to remain as independent as possible. People's health was monitored, and they were referred to health professionals as required. People's end of life wishes were recorded, staff worked with other health professionals to support people at the end of their lives.

People were supported by staff who were recruited safely, were appropriately trained and received supervision to continue their development. People were protected from the risk of infection.

The registered manager had recorded and investigated complaints following the provider's policy. People and relatives told us that the registered manager was approachable, and staff told us they felt supported.

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

Rating at last inspection

The last rating for this service was Good (Published 25 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Orchard House

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 undertaken by one inspector.

Service and service type

Orchard House 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.

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 we had received about the service since the last inspection. 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 met all the people who used the service, we spoke with four people and communicated non-verbally

with another three people. We spoke with one relative about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, administrator, senior care workers, care workers and facilities manager. We spoke with the visiting physical therapist. We observed the interactions between people and staff.

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.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Potential risks to people's health, welfare and safety had not always been assessed and there was limited guidance for staff to mitigate risks. Some people used equipment to move around the service. Guidance did not include the size of sling, how to position the sling and which hoist to be used. There was no record of the assessment of people's needs to make sure the correct equipment was being used to keep people safe. Staff described how they used the equipment; however, we did not observe the equipment being used.
- Some people displayed behaviours that may challenge others. There were some risk assessments in place, but these were not relevant to the current risks. One risk assessment stated that certain people were the trigger to a person's behaviour and the actions were linked to this. However, incident reports showed that other people were now at risk, there was no guidance for staff to mitigate the new risk and keep people safe.
- Some people were at risk of skin damage, equipment such as pressure relieving mattresses and cushions, were used. However, these had only been put in place when people's skin had started to become sore. There was no detailed information about when to turn people or the signs skin damage had occurred and the action they should take.
- Environmental risk assessments and checks had been completed. However, action had not always been taken when shortfalls were found. The legionella risk assessment stated that water should be stored at 60 degrees and any outlets not used regularly, should have water run through weekly. However, it was recorded that water storage temperatures had been regularly below 60 degrees since February 2019. It had not been recorded if water had been run through unused outlets, putting people at risk.

The registered persons had not consistently assessed the risks to people's health and safety and doing all that was reasonably practicable to mitigate these risks. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely. Some medicines had specific storage and administration requirements, these had not been followed by staff. These medicines require two people to be present when the medicine is given, and both must sign a book.
- There was not a second signature on two occasions. Staff told us if only one medicines trained staff member was on duty they would give the medicine and then ask the other medicines trained staff to sign the book later. This had happened regularly. The registered manager confirmed that only medicines trained staff could sign the book. As there were not always two medicines trained staff on duty, this practice did not follow legal requirements. The registered manager agreed that the current practice would be reviewed and

changed.

- Records were not always accurate. Medicine records were not always signed by staff to confirm they had been given.
- Liquid medicines and creams are only effective for a limited period once they are opened. Staff had dated when both were opened, however, creams had not been destroyed when they were no longer effective. There was a risk that staff would apply creams to people that were no longer effective.

The registered persons had failed to ensure the proper and safe management of medicines. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Accidents and incidents had been recorded, including behaviour charts. However, these had not been analysed to identify patterns and trends. Accidents had been split into two categories, either caused by the environment or due to the person's Huntington's disease. It had not been considered if there had been any other causes for the accident and no action had been taken.
- Incidents of behaviour that may challenge had been recorded including incidents of physical and verbal aggression. However, these incidents had not been recognised as possible safeguarding concerns and had not been discussed with the local safeguarding authority. No action had been taken to reduce the risk of these incidents happening again.
- After the inspection, the registered manager told us they had spoken to the local safeguarding team about the incidents found at the inspection.
- Staff had received safeguarding training. They could identify the signs of abuse and knew the appropriate action to take if they had any concerns. However, they had not identified that physical and verbal aggression between people was a possible safeguarding concern.

The registered persons had failed to have established systems and processes to prevent and investigate abuse and allegations of abuse. This is a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff were recruited safely. Recruitment checks had been completed before staff started work to make sure they were of good character to work with people.
- Staff and relatives told us there were enough staff to meet people's needs. During the inspection, we observed people being supported to spend their time as they wanted. People who required one to one support, always received this during the inspection.
- The service had been actively recruiting staff to fill vacancies. Some agency staff had been used on night shifts to maintain staffing levels when permanent staff could not. The service used regular agency staff and their work and skills profile was kept at the service.

Preventing and controlling infection

- The service was clean, there were enough domestic staff to maintain the cleanliness of the service.
- Staff received infection control training and used gloves and aprons when required.

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 Good. At this inspection this key question has now deteriorated to Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's health needs had not been assessed using recognised tools such as Waterlow to develop care plans relating to people's skin integrity. We discussed this with the registered manager. They told us advice was sought from district nurses when people had sore skin.
- People's nutritional needs had not been assessed. Staff understood the need for people with Huntingdon's disease to have a high calorie diet. However, people's ability to maintain this had not been assessed and what action would need to be taken if they were losing weight. People had been referred to the dietician but there was no guidance for staff around this. We observed staff preparing supplements and they knew the advice given by the dietician.
- People met with the service before they moved into the service to make sure staff were able to meet their needs. The assessment did not cover all aspects of the person's life. The assessment did not include all the protected characteristics under the Equalities Act 2010 such as their sexual orientation.

The registered persons had failed to carry out assessments of the needs and preferences for care and treatment of the person. This is a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- The registered manager had applied for DoLS authorisations when required. When people had DoLS authorised and they were due to expire, a new application had been made.

- When people were assessed as not having capacity to make complex decisions, a best interest discussion were held. This included using safety belt in a wheelchair, however, this decision had not been recorded. Care plans did not contain details about when the safety belt should be used. Staff meeting minutes showed that staff needed to be reminded that some people only needed the belt when they went out. People were having the safety belt put on while in the service, this put people of not being supported in the least restrictive way possible. This is an area for improvement. During the inspection, people were not wearing the safety belt in the service.
- Some people's DoLS authorisations had conditions on them. These included the recording of best interest decisions relating to strategies being used to monitor where people were to keep them safe. These conditions had been met.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role including fire safety, moving and handling, safeguarding and infection control. Training was online and face to face when required. Staff told us their training was refreshed when needed and met the demands of their roles.
- New staff received an induction, this included shadow shifts, working with more experienced staff to learn people's choices and preferences. Staff received training from the Huntingdon's disease association. This helped staff to understand how the disease affects people and the best practice when supporting them.
- Staff told us they received regular supervision and appraisals to discuss their practice and development needs. The provider told us this year the appraisal process had been changed so it became more relevant to staff. This had been effective, and staff had become more engaged in the process.

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

- People living with Huntington's disease require a high calorie diet. Staff supported people to eat as many calories as possible. People's food was fortified with milk and butter to increase the calorie value.
- People were offered snacks throughout the day. These were designed to have as many calories as possible. People's dietary intake was recorded so staff knew when people had not eaten enough and to offer additional food.
- People had a choice of meals. When people did not like the meal on the menu they were able to choose what they wanted.
- Catering staff understood people's dietary needs. They prepared people's food in the way they preferred such as preferred and knew what food people liked.

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

- Staff monitored people's health, including their weight, and referred them to relevant health professionals if any concerns were identified and when their health needs changed.
- People had access to health professionals such as opticians and dentists. A physical therapist visited the service regularly. They worked with staff to develop therapy sessions to keep people as mobile as possible including passive exercises. They told us, staff completed these exercises to keep people as healthy as possible.

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

- The main house had been adapted to meet people's needs with a passenger lift and easy access bathrooms. The bungalow had been extended to give people more space.
- Some rooms had overhead hoists to enable staff to support people safely.
- The decoration and some of the carpets in the main house were tired and worn. The registered manager told us there was a continuous maintenance programme in place.

- People's rooms were personalised to reflect people's choices and preferences.

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 Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people's preferences and choices and supported people in these.
- People were comfortable to ask staff for support when they needed. Staff anticipated people's needs when people were unable to ask. We observed staff knowing what people wanted and how to reassure them if they became agitated. People responded well to staff and we observed them laughing with them and calling them friends.
- People were supported, for as long as possible, to continue with their hobbies and interests. Staff encouraged people to express their differences. People's rooms showed how they liked to spend their time and what was important to them.

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

- Where possible people were supported to express their views about their care and agreed their care plan.
- Staff supported people to express their views when speaking to healthcare professionals. During the inspection, staff supported one person to take the lead in a meeting about their future care and support. Staff were praised by health professionals about how they had supported the person and enabled them to have input into the meeting.
- People's decisions were respected by staff, they understood how people's likes and dislikes would affect their decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. We observed staff knocking on people's doors and waiting to be invited in. People were supported to spend time in their room if this is what they wanted.
- People were encouraged to be as independent as possible for as long as possible. When people's Huntington's disease progressed and affected their mobility, staff adapted how they supported people. Staff concentrated on the positive and supported people to remain as mobile as possible.
- Staff spoke to people in a discreet way, when they needed support. We observed staff leading people to the bathroom and making sure the door was closed.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. 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

- Staff knew people well including their likes and dislikes. However, people's care plans did not consistently reflect the care being given. Care plans had some details about people's choices and preferences such as when they wanted to get up or go to bed.
- Care plans did not contain detailed guidance about how people wanted to be supported with aspects of their daily routines. There were limited details about how staff should support people with their personal hygiene or continence needs.
- Care plans had been reviewed but changes had not always been made when people's needs changed. One person's review stated they were no longer safe in the bath, however, their care plan stated that they liked to have a bath.
- People told us or indicated that staff supported them in the way they preferred. Relatives told us they thought staff supported their relative in the way they preferred.

The registered persons had failed to maintain an accurate, complete and contemporaneous record in respect of each person. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information in ways they could understand.
- Information was provided in pictorial format if required.

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 supported to maintain contact with their families and friends. People were supported to use 'facetime' to speak to their family regularly. They told us how important this was to them when their family lived away and unable to visit regularly.
- Relatives told us they were able to visit when they wanted and were made to feel welcome. They told us they were in regular contact with the service and were informed of any changes in their relative's care.
- People were supported to take part in activities they enjoyed. There were regular visits from an artist, people had their own artwork displayed in their rooms. The service also had visits from a Shetland pony,

people had photos of themselves with the pony.

- People had been supported to go on day trips such as wildlife parks. People were supported to go on holidays including abroad to visit family members. Some people had decided to go on holiday together to a caravan park.

End of life care and support

- People had been asked about their end of life wishes and when people were happy to discuss, this was recorded.
- The service regularly supported people at the end of their lives. Staff worked with the district nurse, GP and hospice to make sure people are as comfortable as possible.
- When people had been identified as nearing the end of their lives, medicines were made available to keep people comfortable.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was available within the service. Relatives told us they knew how to complain but had not needed to. People told us and indicated that they were happy with their care.
- Complaints had been recorded and investigated following the provider's procedure and any complaints had been resolved.

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 Good. At this inspection this key question has now deteriorated to 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

- Checks and audits had been completed. These had not been robust and effective in identifying the shortfalls found at this inspection. Audits had not identified that care plans did not reflect the care being given and there was limited guidance for staff to mitigate risk. Environmental checks had identified shortfalls, but no action had been taken. Incidents and accidents had not been analysed to identify patterns and trends.
- The provider had completed regular audits, but these had not identified the shortfalls found at this inspection. The audits were not robust at looking at the quality of the care plans, risk assessments and accident and incident reporting.

The registered persons had failed to assess, monitor the quality and safety of the service. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. CQC check that appropriate action had been taken.
- The registered manager had not identified incidents within the service that should have been notified to CQC.

The registered manager had failed to notify CQC of all incidents that affect the health, safety and welfare of people who use services. This is a breach of regulation 18 of Care Quality Commission (Registration) Regulations 2009.

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

- People were asked about their experiences of the service. People were mainly positive about the service. When people had made suggestions, there had been no action plan put in place, or record of any follow up. We checked with people if their suggestions and requests had been acted upon. People confirmed that they had, one person told us they now had a bigger mug as they had requested.
- Staff attended regular meetings, to discuss people's needs and good practice. Staff raised any concerns or suggestions they may have. Action plans had not been completed to show any action taken. Minutes of the

next meeting did not contain any follow up, staff told us that when they raised concerns these had been acted upon. Management meetings records showed that some concerns raised by staff had been discussed and acted upon such as air conditioning being installed.

- Staff had completed a staff survey. The results had been analysed and showed the satisfaction of staff had increased. The provider had completed a development plan. However, this documented what had been done and did not show how they were going address the result of the staff survey. This is an area for improvement.

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

- There was an open and transparent culture within the service. People knew who the registered manager was and were happy to see them and spend time with them. During the inspection, relatives were comfortable to chat to the provider and registered manager.
- The registered manager told us they had an open door policy. During the inspection, people and staff came into the office to speak to them. The registered manager spent time listening to them and supported them as needed.
- Staff told us, how the service revolved around people and their needs. Staff knew people and their families well, we observed staff involving people whenever possible in what they were doing.

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

- People and relatives told us that the management team were approachable and supportive. Relatives told us, they were kept informed of any changes in their relative's health or concerns they may have.
- Staff meeting minutes showed that when things had gone wrong these had been. The registered manager had discussed what could be put in place to stop the situation happening again.

Continuous learning and improving care; Working in partnership with others

- The service worked closely with the Huntingdon's Disease Association to make sure they kept to date with any developments in the care and support people should receive.
- The provider received updates from national organisations to keep up to date with developments in social care.
- The service worked with other health professionals including the mental health team to provide joined up care for people and support their families.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered manager had failed to notify CQC of all incidents that affect the health, safety and welfare of people who use services.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered persons had failed to carry out assessments of the needs and preferences for care and treatment of the person.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons had not consistently assessed the risks to people's health and safety and doing all that was reasonably practicable to mitigate these risks. The registered persons had failed to ensure the proper and safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered persons had failed to have established systems and processes to prevent and investigate abuse and allegations of abuse.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons had failed to maintain an accurate, complete and contemporaneous record in respect of each person. The registered persons had failed to assess, monitor the quality and safety of the service.</p>