

Care People Private Limited

The Orchards

Inspection report

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Grimsby
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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 

Summary of findings

Overall summary

About the service: The Orchards is a residential care home that is registered to provide support to 21 older people, including people living with dementia. The service was supporting 17 people at the time of our inspection.

People's experience of using this service: Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe and Well-Led to at least good. The provider had taken action to rectify issues with the electrical safety of the premises following the previous inspection. We made a recommendation about improving quality assurance systems for monitoring the safety of the environment, to ensure action was taken to drive improvement.

During this inspection, we found systems to assess and monitor the safety and quality of the environment had not been improved sufficiently. They had not always been effective and therefore failed to drive improvement. We found some shortfalls with the safety of the premises and quality of the environment, as well as the suitability of the decor for people living with dementia. We made a recommendation about this. There were also shortfalls in systems to monitor the application of the Mental Capacity Act 2005 and staff recruitment.

You can see what action we told the provider to take at the back of the full version of this report.

There was a positive culture within the service and people felt the registered manager was approachable. Staff were knowledgeable about safeguarding and able to raise concerns. Personalised risk assessments were in place for people. Staff supported people to manage their medicines safely. Systems were in place to recruit staff safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were supported through on-going supervision and they accessed training relevant to people's needs, to ensure these could be met. Staff supported people to access healthcare and maintain a nutritious diet.

We saw people were relaxed in their surroundings and felt comfortable around staff. Staff were kind and promoted people's independence and treated them with dignity and respect.

People's care plans were kept up to date and reflected their individual needs and circumstances. People were supported in line with their preferences and were supported to engage in social and leisure activities. An activities coordinator was being recruited to help people access more stimulating and meaningful activities. The provider had a system in place for responding to people's concerns and complaints.

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

Rating at last inspection: At the last inspection, on 27 December 2017, the service was rated Requires Improvement (report published 21 February 2018). The last inspection was a focused inspection, which looked at whether the service was Safe, Effective and Well-Led.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

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 Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always Well-Led.

Details are in our Well-Led findings below.

Requires Improvement ●

The Orchards

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector on both days and one assistant inspector on the first day.

Service and service type: The Orchards is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with the CQC. 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 we inspected the service, we reviewed information we held about the service, to help inform us about the level of risk for this service. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information is called a Provider Information Return and helps support our inspections. We also contacted the local safeguarding team, commissioners and Healthwatch to request their views of the service. Healthwatch is the independent national champion for people who use health and social care services.

During the inspection, we reviewed three people's care records and three medication administration records. We also looked at a selection of documentation in relation to the management and running of the service. This included quality assurance audits, complaints, accident and incident records, recruitment information for three members of staff, staff training records and policies and procedures.

We spoke with two people who used the service and one relative. We also spoke with three members of staff, the registered manager and cook.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

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.

At the last inspection on 27 December 2017, we asked the provider to take action to ensure the safety of the electrical installations and this action has been completed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Pipes leading to sinks in bathrooms and people's bedrooms had not been covered. This meant people were at risk of experiencing burns because these had the potential to become hot. The registered manager confirmed these would be covered following the inspection.
- Other shortfalls included faulty safety restrictors to three windows in bedrooms on the ground floor. Although these were not at a substantial height, there was still a potential risk to people living with dementia. A loose handrail for a toilet required tightening to ensure it was secured to the wall.
- Other areas of the premises and equipment had been assessed for safety and relevant risk assessments had been completed.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Risk assessments were personalised and reflected people's individual needs. These related to many aspects of people's care including nutrition, moving and handling and having bed rails in situ.
- The registered manager monitored accidents and incidents, so patterns and trends could be analysed and action taken to prevent similar accidents reoccurring.

Preventing and controlling infection.

- Some areas could not be cleaned effectively which posed an infection control risk. This included the bath hoist and a worn wooden radiator cover. A commode which was not designed to be wet was in place in the shower room, dining room chairs were worn at the corners exposing foam cushion underneath and wooden vanity cabinets in people's bedrooms were worn and warped. Limescale had built up on the bath taps and bath. The registered manager confirmed these issues would be addressed.
- Staff followed infection control practices and used personal protective equipment to help prevent the spread of infections.
- Generally the environment was clean. A relative said, "It never smells when you come in. It's clean and tidy."

Using medicines safely.

- Medicines systems were organised and people received their medicines when they should.
- People were supported to take their medicines in a personalised manner and their medication needs were reflected in their care records.

- Some protocols were not in place to guide staff how to administer 'as and when required' medicines, also known as PRN. This meant there was a potential risk staff may not administer these medicines as prescribed. The registered manager confirmed these would be implemented following the inspection.
- Body maps were not in place to guide staff where to apply cream as prescribed for one person. This was addressed during the inspection.

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

- Staff knew how to recognise abuse and protect people from harm. Staff had received training in this area and knew how to raise concerns.
- Systems were in place to keep people safe and protect them from avoidable harm. The registered manager liaised with the local safeguarding team regarding any potential safeguarding issues.

Staffing and recruitment.

- Staffing levels were appropriate and ensured people received support to meet their needs.
- The provider operated a safe recruitment process.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were thorough and expected outcomes were identified.
- Care and support was reviewed regularly to reflect people's current needs and make changes where needed.

Staff support: induction, training, skills and experience.

- People were supported by staff who had ongoing training which was specific to people's needs.
- Staff were competent, knowledgeable and skilled; they carried out their roles effectively.
- Staff told us they felt supported; records confirmed they received regular supervision.
- The registered manager was in the process of carrying out annual appraisals for staff.

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

- People were supported to maintain a healthy diet and make choices about what they ate and drank.
- People were supported with eating and drinking where required and people's independence was promoted at meal times.
- The food looked and smelt appetising and was hot. People enjoyed their meal time experience and were complimentary about the food. One person said, "I enjoyed that."
- People were offered choices about where they would like to eat their meal; were provided with condiments and offered more servings.
- The cook was aware of people's dietary needs which were accommodated.

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

- People's health and wellbeing was monitored, and they were supported to access healthcare. The service maintained close links with healthcare professionals, such as the district nursing service and dieticians.
- Referrals were made to relevant health professionals when required.

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

- During the last inspection, a recommendation was made for the provider to consider current guidance when decorating the home to make it dementia friendly.
- Some improvements had been made to the environment including dementia friendly signage and people were being supported to make personalised photo signs for their bedrooms so these would be easier to recognise and help people find their room.
- However, both lounges continued to have a patterned carpet, which was not dementia friendly.

We recommend the provider follow best practice guidance to improve the environment to ensure it is dementia friendly.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the importance of gaining people's consent and promoting choices. They had awareness of the MCA and decisions had been made in people's best interests, where they lacked capacity. Although, there were some shortfalls in record keeping, which we have referred to in the Well-Led section of this report.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Two people we spoke with said they liked the staff and described them as kind. A relative told us, "All the staff are wonderful."
- There was a relaxed atmosphere between people and the staff who supported them. People appeared comfortable in their surroundings. Staff had built up good relationships with people and were friendly and caring towards them.
- Staff were skilled and caring in the way they supported people who were confused or upset. We observed staff patiently speaking with people, reassuring them or providing distractions when necessary to promote people's wellbeing. They explained what they were doing and why, to help people understand and to reduce any anxiety about the support being provided.
- Staff were aware of equality and diversity and respected people's individual needs and circumstances. People were valued for who they were.

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

- People were supported to make their own decisions. Staff supported people to make choices about what they ate and drank, activities they wished to take part in, where they would like to be within the care home and all other aspects of their care.
- Staff supported people to maintain relationships and friendships that were important to them.
- The registered manager confirmed they would support people to access advocacy services if needed; one person currently had regular visits from an advocate. An advocate is an independent person who supports people to make and communicate their decisions.

Respecting and promoting people's privacy, dignity and independence.

- Staff treated people with dignity and respected their privacy. For example, staff discreetly supported them when they needed to go to the bathroom.
- Staff valued the importance of maintaining people's independence and promoted this where possible. For example, encouraging people to do small tasks for themselves like washing their own face when supported with personal care.
- Confidentiality was maintained throughout the home.
- People who used the service looked well-presented and cared for. Staff supported people when necessary to make sure they were clean and appropriately dressed according to their wishes and preferences.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care plans contained detailed and personalised information about their abilities, health needs, likes and dislikes. Staff could tell us details about people's needs, the support they required and the person's preferred routines. This enabled staff to provide person-centred care and support people in line with their preferences.
- People's care was regularly reviewed to ensure people received appropriate support.
- Staff had developed relationships with people so they could have meaningful conversations.
- People's communication needs were assessed, recorded and highlighted in their care plans. This helped ensure staff understood how best to communicate with each person.
- The registered manager was aware of the Accessible Information Standard and provided adapted information if this was needed.
- An activities coordinator was in the process of being recruited; the registered manager confirmed they would be available three days a week. During the rest of the week staff continued to support people to engage in social and leisure activities each afternoon.
- We saw people playing games such as skittles and saw evidence of people being supported to take part in other activities including one to one activities.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy and procedure in place for responding to any complaints.
- No official complaints had been received since the last inspection, but the registered manager responded to all concerns raised and recorded these appropriately.

End of life care and support.

- End of life care was considered at the home and people's wishes were documented in their care plans.
- Staff were aware of how to support people to receive comfortable and dignified care at the end of their life.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Quality assurance systems were in place to ensure shortfalls were identified and to drive continuous improvement within the service. This included audits of care plans, medication, dignity and infection control. However, these had not always been effective when assessing and monitoring the environment.
- Monthly checks of the environment had failed to recognise shortfalls we identified during this inspection, which we noted in the safe section of this report. These posed potential risks to people's safety and there were infection control risks. They also failed to identify the décor of the environment was not dementia friendly.
- Some other areas of the home were in need of redecorating or items of furniture needed replacing or repairing. For example, we found one bedroom carpet was threadbare in places, a mattress was worn and uncomfortable, some bed sheets were worn and discoloured, and some bedroom draws were missing the trims round the edge. The registered manager told us there was new bedding available and they would dispose of the old bedding. They also agreed to replace any old mattresses. These shortfalls had not been identified in the environmental audit. This meant action had not been taken to drive improvement to improve the safety and quality of people's surroundings.
- Systems to monitor the quality of people's care records had not identified missing records for how the Mental Capacity Act 2005 (MCA) had been applied, for people that could not consent to their care. We found three care plans were missing records in relation to decisions for consenting to their care plans and having bed rails in place.
- Systems to monitor staff recruitment had not always been effective; staff records had not been accurately maintained. We found dates were missing on character references and the capacity in which the person completing the form knew the applicant was not known. The registered manager agreed to change the design of the form so this information could be gathered.

The provider had failed to operate effective systems to identify issues with the quality and safety of the environment. As such, action was not taken to drive improvement. There were also shortfalls in systems to monitor the application of the MCA and recruitment. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- Staff confirmed the registered manager was approachable and morale was good.
- Staff confirmed communication was good. Information was shared between staff at daily handovers and

staff meetings.

- The service had an open and positive ethos and welcomed the involvement of staff and people who used the service and their relatives.
- Feedback was regularly gained from people, staff and relatives. For example, residents were supported to complete questionnaires about the food. This feedback was analysed and used to drive improvement.
- The service worked in partnership with other professionals and services to ensure people received a good service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- There was an open culture within the service. The focus was on delivering quality care tailored to people's needs. Staff understood these values and put them into practice on a day to day basis.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>17(2)(a)(b) The provider had not implemented effective systems or processes to assess, monitor and improve the quality and safety of the service provided to people, as well as mitigating risks to people.</p> <p>17(2)(c) The provider had not maintained an accurate, complete and contemporaneous record in respect of each service user, including an accurate record of all decisions taken.</p> <p>17(2)(d) The provider had not maintained records for persons employed in the carrying on of the regulated activity.</p>