

# Orchard Care (South West) Limited

## Restgarth

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Restgarth is a residential care home providing personal care to up to 30 people. The service provides support to people requiring care and support. Some people were living with dementia. At the time of our inspection there were 30 people using the service.

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

There were enough staff to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were suitable to work in the service.

Staff told us that they had received the training they needed to meet people's needs safely and effectively. The training matrix tracked staff training, and this ensured all staff received the training and updates needed to provide safe consistent care.

Staff were supported in their roles through a plan of supervision. Staff told us they felt supported by senior staff and the manager.

The environment was spacious and there was equipment available to support staff in providing safe care and support. Health and safety checks of the environment and equipment were in place.

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.

Safeguarding processes were in place to help safeguard people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow. Medicines were safely managed.

There were processes in place to prevent and control infection at the service. Additional training and systems had been adopted through the COVID-19 pandemic. There were additional cleaning and safe visiting precautions.

The management team maintained oversight of complaints, accidents and incidents and safeguarding concerns. The management team engaged well with health and social care professionals.

The systems in place to monitor the quality of care within the service were effective. The manager promoted a positive person-centred culture and fully understood their responsibilities as a manager.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good published 19 January 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Restgarth

## Detailed findings

### Background to this inspection

#### Inspection team

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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Restgarth 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection the manager had submitted an application to register with the commission.

#### Notice of inspection

This inspection was announced. We notified the registered manager 24 hours before due to the inspection being undertaken outside normal working hours. We needed to be sure essential staff would be on available and there was full access to records.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 24 June 2022 and ended on 17 June 2022. We visited the service location on 25 June 2022. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with ten people who live at Restgarth individually and as a group.

We spoke with seven members of staff including the provider and manager. Senior care workers, care workers and housekeeping. We also spoke with a relative.

We reviewed a range of records. This included three people's care records and 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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- The service had effective systems in place to protect people from abuse.
- Safeguarding processes and concerns were discussed at staff meetings. Staff knew how to report and escalate any safeguarding concerns. People told us they felt safe living at Restgarth, "I feel very safe living here" and "I have a lot of faith in the staff. They all care for me and are very kind and patient."
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Assessing risk, safety monitoring and management

- People's risks were managed safely. People's care plans had individual risk assessments which guided staff in providing safe care.
- Risk assessments were detailed and up to date. They covered areas such as skin integrity, personal care, mental health, behaviours and falls.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People's

needs were responded to. Staff told us they thought there were enough staff to support people. People told us, "I don't have to wait long at all if I need to call for them [staff]" and "Always someone around to help."

- Staff were recruited safely. Staff files showed a range of checks including references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us they felt valued by the provider and manager. Comments included, "Great place to work" and "The team is very supportive of each other."

#### Using medicines safely

- People received their medicines in a safe way, as prescribed for them.
- Staff received training and were checked to make sure they gave medicines safely.
- There were suitable arrangements for ordering, storing, administration and disposal of medicines including those needing cold-storage and extra security. The refrigerator temperatures were stable and suitable.
- Some people were prescribed medicines to be taken when required. Staff knew people well and administered these medicines safely and in a caring manner.
- Where people required medicines which required stricter controls systems were in place to safely manage them.

#### Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits. A family member told us, "I think they have a good and safe system. They [staff] are doing everything they can to keep residents safe".

#### Learning lessons when things go wrong

- Appropriate action was taken to learn from the events or seek specialist advice from external professionals to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as GPs, occupational therapists or physiotherapists, after incidents where people had



fallen.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture within the staff team and staff told us they felt supported by the management team. A staff member told us, "[Managers name] is very supportive and always available. We are a strong team and work well together." A relative told us they found the manager and staff to be supportive. They said, "I visit weekly and always made to feel welcome. I get told if [relatives name] is not well or needs the doctor."
- People's care plans and risk assessments had been kept under regular review. Records demonstrated a person-centred approach to the care and support provided for people. For example, staff knew each person's individual choice about how they liked to spend their day. A staff member said, "We respect everybody choices. Some residents like to spend time in their room others prefer to be in and around the lounge. It's everyone's personal choice."
- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The ethos of the service was to be open, transparent and honest. The manager understood responsibilities under the duty of candour and reported accidents and incidents. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy.
- The management structure at the service provided clear lines of responsibility and accountability across the staff team. There was good oversight of the governance systems in place.
- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

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

- The management structure at the service provided clear lines of responsibility and accountability across the staff team. The manager had submitted their application to register with the commission in order to meet the condition of registration for a registered manager to be in post.
- There was good oversight of the governance systems for the service in place.

- There was a positive attitude in the staff team with the aim of trying to provide the best care possible for people living at the service.
- There were effective quality assurance and auditing systems in place designed to drive improvements in the service's performance. There were regular audits in place to check systems were effective. These were reported to and monitored by the provider.

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

- The service had systems in place to positively engage with all stakeholders.
- The manager and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked upon favourably by the provider and manager.
- Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service. A member of staff told us, "Respecting residents for who they are is so important."

Continuous learning and improving care

- The manager and provider were committed to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The registered manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Regular management meetings were held to support improvements to the service.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.