

Mr & Mrs M Sharif

# Orchard Views Residential Home

## Inspection report

39 Gawber Road  
Barnsley  
South Yorkshire  
S75 2AN

Tel: 01226284151

Date of inspection visit:  
03 April 2023

Date of publication:  
28 April 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Orchard Views is a residential care home that provides accommodation and personal care for older people. The home can accommodate up to 40 people in one adapted building. At the time of this inspection there were 33 people using the service.

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

Since the last inspection there had been changes in the management team and the service had a new manager. The previous registered manager had left the service 2 months ago and the provider had recently appointed a new manager to oversee improvements at the service.

The new manager was in the process of submitting an application to register themselves as the new manager of Orchard Views. We are currently assessing this application.

The service had improved since the previous inspection. The nominated individual and manager gave assurance these improvements would continue and be further embedded, to ensure there was a continuous approach to improving care, quality assurance systems and the environment.

There had been improvements to ensure risks identified with people's health, medical and care needs had been assessed and documented. The provider's governance systems had improved to ensure people continued to receive good quality and safe care. Improvements had been made to ensure medicines were managed safely although some staff's competency checks needed updating. Appropriate health and safety checks to the buildings and premises were carried out and people were protected against the risk and spread of infection.

Some actions recommended in the services fire risk assessment, which was completed in March 2023 had not been completed and required attention.

The home was clean, but areas of the home looked 'tired' and required refurbishment and redecoration.

People were safeguarded from the risk of abuse. Risks in relation to people's care were identified and detailed information about how risks could be mitigated. People were protected from the risk and spread of infections. Accidents and incidents were recorded and analysed to identify any trends or patterns. This helped to mitigate future risks and ensured lessons were learned. The provider had a safe recruitment process which assisted them in recruiting suitable staff.

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.

Throughout the inspection we observed staff interacting with people in a caring and considerate way. We saw staff gaining people's consent prior to carrying out care tasks. People we spoke with were complimentary about the care and support they received.

#### Recommendation

We have made a recommendation about the provider implementing a more structured system to gather feedback from people and relatives on how the service was being run or what could be done better to drive improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 18 February 2022). Although we saw improvements had been made, the service remains rated requires improvement.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection.

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.

You can see what action we have asked the provider to take in the full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Orchard Views on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe 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 Views Residential Home

## **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 Health and Social Care Act 2008.

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

#### Inspection team

The inspection was carried out by 2 inspectors.

#### Service and service type

Orchard Views is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Orchard Views is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post

for 1 month. The manager was in the process of submitting an application to register themselves as the new manager of Orchard Views. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 3 April 2023 and ended on 5 April 2023. We visited the service on 3 April 2023.

#### 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, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

#### During the inspection

We spoke with 5 people who used the service and 3 relatives about their experience of the care provided. We spoke with 2 visiting health professionals. We spoke with 10 members of staff including the manager, care workers, ancillary staff and the providers nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed staff interacting with people who used the service, to help us understand their experience. We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service.



# 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 requires improvement. The rating for this key question has remained 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.

### Using medicines safely

At our last inspection we found systems were not in place to ensure the proper and safe management of medicines. This placed people at risk of harm. This was a breach of Regulation 12 (1)(2) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made in relation to medicines management at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were received, stored, administered, and disposed of safely. We discussed some housekeeping improvements which could be implemented with the stock storage of medicines which the manager implemented before the close of the inspection.
- We observed part of the morning and lunchtime medicines administration. We found that safe procedures were followed. Staff explained to people what medicines they were taking and asked if they needed any pain relief. People were provided with a drink to take their medicines with, and staff were patient and respectful.
- Audits and checks were completed, and actions taken where issues had been identified.
- The provider had worked with the local authority medicines management team to improve their processes around medicine ordering, storage, and administration.
- Staff involved in the handling of medicines had received training about medicines. Staff were assessed as competent to support people with their medicines. Some staff had not had a recent competency check. The manager addressed this and evidenced updated staff competency before the end of the inspection.

### Preventing and controlling infection

At our last inspection we found government guidance around managing the ongoing pandemic was not being followed. This was a breach of regulation 12(1)(2)(h)(3) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made in relation to infection prevention and control at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

- People were supported to maintain contact with their family and friends and visitors were welcomed at the home. We saw families and friends visiting people at Orchard Views on the day of our inspection.

#### Assessing risk, safety monitoring and management

At our last inspection we found the systems in place did not adequately assess and mitigate risks posed to people using the service. This was a breach of Regulation 12 (1)(2) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made in relation to risk at this inspection and the provider was no longer in breach of regulation 12.

- Staff knew people well and were aware of people's risks and how to keep them safe.
- Staff showed an understanding of the risks people faced. We found risk assessments had been completed, specific to the individual, including, nutrition, moving and handling and pressure care. We did find one person's care plan did not fully reflect the support the type of diet the person needed, and a bed rails risk assessment was missing in one person's care records. The manager responded immediately during the inspection to address these issues. They confirmed the risk assessments had been reviewed and measures, to reduce those risks, were in place and followed by staff. The manager provided evidence of these reviews.
- Systems were in place to recognise early signs, take observations and respond or escalate any deterioration in people who use the service.
- Some actions recommended in the services fire risk assessment, which was carried out on 10 March 2023 had not been completed. These included some additional fire exit signage and the replacing of some automatic door closures. The manager and nominated individual confirmed an officer from the Fire Service was visiting the service the day after inspection and they would discuss with them a plan of works and timescales needed.
- People had up to date and detailed personal emergency evacuation plans (PEEPs) so if in the event of an emergency people would have information to hand to ensure that evacuation is handled safely and efficiently.
- The service was clean with no unpleasant odours noted, but some areas of the home looked tired and in need of refurbishment and redecoration. Paintwork was chipped and some of the walls and door frames were damaged and needed refilling and repainting.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)



- The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who lack capacity to make important decisions themselves.
- Where people lacked capacity to make a decision, we saw decision specific assessments in their records.
- People were given choice about how they liked their care and treatment to be given and we observed staff gave people choice.

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

- People were protected from the risk of abuse. The service had safeguarding procedures in place to report concerns to the relevant professionals including the local authority and the CQC.
- People told us they felt safe. One person said, "I don't have any problems, the staff are lovely here." Relatives told us their family members felt safe when they received their care. A relative told us, "Now [name] is here I know they are safe."
- Staff told us they had received training in safeguarding and would report any concerns to the manager or external agencies.

#### Staffing and recruitment

- We observed staff interacting with people and found there were sufficient staff available to respond to people in a timely way. People said, "There's enough staff" and "There are plenty of staff who come when I buzz."
- All staff we spoke with told us there were enough staff available to meet people's needs. Staff were also very positive about the planned additional recruitment of an activities coordinator to support people.
- The provider had a system in place to safely recruit staff, this included pre-employment checks such as Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The manager and provider reviewed this information and took appropriate action to reduce the risk of reoccurrence.
- Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant health care professionals.

# 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 requires improvement. The rating for this key question has remained 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.

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

At our last inspection we found people had been placed at the risk of harm from a lack of oversight of the operations of the home. This was a breach of regulation 17 (1)(2) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 although improvements are still needed.

- Since the last inspection there had been changes in the management team and the service had a new manager. The previous registered manager had left the service 2 months ago and the provider had recently appointed a new manager to oversee improvements at the service. The new manager was in the process of submitting an application to register themselves as the new manager of Orchard Views. We are currently assessing this application.
- The provider had systems in place to monitor the quality of the home. The manager had worked with the provider to improve some of these monitoring processes; however, they required embedding into practice and sustaining to continue to drive improvements. Improvements were still needed to address issues raised in the fire risk assessment and to redecorate and refurbish some areas of Orchard Views.
- Monthly audits were carried out by the manager which were more robust and detailed. The manager completed daily and weekly walk arounds the home to check the environment and speak with people who used the service. Areas audited also included medication management, accidents and incidents, weight management, safeguarding, and complaints. Lessons learned and improvements were highlighted and actioned.
- Staff said the training was good and it enabled them to develop the necessary skills and knowledge to support people in line with their needs. One staff member said, "I have done loads (of training) since I started in September, training here is really good." The manager kept a record of training and scheduled training, so staff remained knowledgeable.

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

- People and relatives said they did have regular contact with the manager and were able to provide feedback about the service daily. Relatives and people were complementary about the manager. One

relative said, "I do know [named manager] yes. She's lovely." One person said, "Every problem I have had I go to [named manager] and she sorts it out."

- The manager and nominated individual said no formal satisfaction surveys or meetings were organised for people or relatives to share their view about the service. They said they were planning to send out questionnaires to people and relatives and organise some meetings, but this hadn't happened yet.

We recommend the provider implements a more structured system to gather feedback from people and relatives on how the service was being run or what could be done better to drive improvements.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; 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 manager was supported by a team of staff. They had a good understanding of the requirements of their roles. They understood the current best practice in care and how to ensure information was accessible. They understood about people's rights and how to promote them while keeping people safe.
- The provider's systems and processes ensured staff maintained accurate and complete records of the care they provided to people living at Orchard Views.
- The manager and provider understood their duty of candour, to be open and honest when things went wrong. For example, when incidents had occurred in the home, these were immediately communicated to relatives and reported to professionals appropriately.
- Throughout the inspection the manager was honest and open with us. They acknowledged the shortfalls identified at this inspection and were eager to put processes in place to ensure people receiving care and support were safe and protected from harm.
- The manager was aware of their obligations for submitting notifications to CQC, as required by law.
- Staff spoke about people in a caring way and were knowledgeable about people's preferences. People said, "The staff are very caring, and they work very hard", "There are better buildings, but staff are caring and there is a nice atmosphere here" and "The staff really care." A care professional said, "I think this is a nice home. It has a lovely atmosphere."

Working in partnership with others

- The provider and manager worked with other professionals as required to ensure people received timely care and support. This was clearly evidence in people's care plans.
- There was evidence of working closely with the local authority and the local Infection Prevention and Control (IPC) team.
- We spoke with two visiting health professionals who said, "Staff make appropriate referrals to us. We work together and we have a good working relationship with the staff of Orchard Views."