

Fordent Properties Limited

Orchard Manor Care Home

Inspection report

Greenacres Court Acres Lane, Upton Chester Cheshire CH2 1LY

Tel: 01244376568

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Ratings

Overall rating for this service	Good •
Is the service safe?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service

Orchard Manor is a residential care home providing personal and nursing care to 89 people aged 65 and over at the time of the inspection. The service can support up to 93 people. It accommodates all people across two separate wings, each of which has separate adapted facilities.

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

We have made a recommendation. It is a legal requirement that we are notified of certain events with the service. Due to a misunderstanding, the deaths of people and altercations between people who used the service involving physical assault had not always been reported to us.

Staff were clear about the types of abuse that could occur and how to raise these. The registered provider followed local procedures reporting 'low level' incidents to the local authority each month.

People told us that they felt safe with the staff team and had no concerns about living within Orchard Manor. They told us that the staff team were "Very kind" and that they had been given "A new lease of life" since coming to live there. They commented that the staff team made sure that their living environment was clean and that they always received medication on time and it was "never missed".

Appropriate numbers of staff were available to meet the needs of people. Some people required one to one support at different times of the day and night. While staff were available to those requiring one to one support; we observed one member of staff leaving the person's room for brief periods on two occasions. We raised this with the registered manager who dealt with the situation and confirmed it was usual practice for staff to seek other staff to cover their absence.

The environment was well maintained, clean and hygienic. We raised issues with the registered manager in respect of security of the building at night and access to areas that could present a risk to people. These were addressed during our visit.

Medication was appropriately stored, recorded, audited and medication was administered in a person-centred way. The process for recruiting new staff was robust.

The views of people who used the service and their families were sought in order to assess and monitor the quality of the service.

The service worked effectively with other agencies

Rating at last inspection

The last rating for this service was Good (published 30 June 2018).

2 Orchard Manor Care Home Inspection report 19 November 2019

Why we inspected

We received concerns in relation to the management of medication, staffing levels, arrangements for the safe transferring of people and staff practice. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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

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?	Requires Improvement
is the service well-lea:	requires improvement
The service was not always well-led.	Requires improvement



Orchard Manor Care 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 Care Act 2014.

Inspection team

This inspection visit was carried out by two inspectors.

Service and service type

Orchard Manor 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 on both dates. We visited in the morning and on the first day and during the evening on the second day.

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 and professionals who work with the service

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with eight members of staff including the regional manager, registered manager, deputy manager, nurses, care workers and the housekeeping manager. 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 reviewed a range of records. This included six 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.

After the inspection

We reviewed additional information sent to us by the registered provider.



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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered provider did not always notify CQC about allegations or incidents of abuse in line with regulatory requirements. This included incidents of physical assault which occurred between people who used the service. We need this information to help us decide if we need to take any action to keep people safe. We have commented further about this in the well-led section of this report. All incidents had been reported to the local authority as required.
- People told us they felt safe living at Orchard Manor. Systems and processes were in place to protect people from the risk of abuse. Staff were aware of the types of abuse that could occur and were aware of how to report concerns.
- People were relaxed and comfortable with the staff team.

Staffing and recruitment

- Some people required one to one support. Staff were available to provide this level of support to those who needed it. However, on two occasions a person was left without their one to one support. The person did not come to any harm; however, their safety was placed at risk. We raised this with the registered manager who dealt with it and confirmed it was usual practice for staff to request cover for any absences.
- People told us that there were always staff around to respond to their needs and staff responded quickly to call bells and an emergency call alarm.
- The recruitment of new staff was robust.

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

- Accidents and incidents were recorded with actions identified to prevent recurrence. There was managerial oversight to identify themes and trends.
- We received information prior to our visit that hoists were not being used safely to transfer people. The right amount of staff were observed using hoists safely when transferring people.
- Staff did not always ensure the security of the building putting people's safety at risk. On arrival at the service, a staff member gave us the code to enter without asking who we were or for identification. The registered manager addressed this after we raised it with them.
- Individual risk assessments were carried out and regularly reviewed. Assessments were detailed and included control measures which provided staff with guidance on how to mitigate any identified risks to people.
- Equipment had been serviced regularly including systems such as fire detection and alarms systems.

Using medicines safely

- People told us that they always received their prescribed medicines on time.
- Medication was securely stored, and records were appropriately signed once medicines had been administered.
- Staff received training in medication administration and had their competency assessed to ensure this was done safely.
- We were unable to assess arrangements for the administration of medicines for people who had reached the end of their lives as this did not apply to anyone at the time of the inspection

 Preventing and controlling infection
- People told us that the building was clean and hygienic, and that staff ensured that their bedrooms were always kept clean. The building was visibly clean and tidy during our visits.
- The housekeeping manager confirmed the arrangements in place for ensuring that safe standards of hygiene were maintained.
- Personal protective equipment (PPE) such as disposable gloves and aprons were used by staff as required to minimise the risk of the spread of inspection, and sufficient stocks were available to them.

Requires Improvement

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 had deteriorated to requires improvement. This meant that the service management and leadership was inconsistent as managers were not clear about regulatory requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered provider had not always informed us about adverse incidents and deaths as legally required. This was due to a misunderstanding of regulatory requirements. We were satisfied there had not been a deliberate attempt to withhold this information; and were satisfied that the incidents had been dealt with appropriately at the time. However, these omissions, demonstrated a lack of understanding of regulatory requirements.

We recommend that the registered provider and registered manager seek guidance from a reputable source about their regulatory responsibilities for notifying CQC.

• Systems were in place to assess and monitor the quality of the service although were undermined by issues noted above.

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

- Staff told us that they felt supported by the management team and that they were approachable.
- There was a positive and caring atmosphere within the home. People were treated as individuals and people were well supported by the staff team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered provider sought people's views about the quality of the care they received.
- There was evidence people who used the service and their relatives had been asked for their views on the quality of care in 2019. Results of these were prominently displayed and included a "You Said", "We did" summary of comments with actions identified to continually improve the quality of the service.
- Regular staff meetings were held in addition to a weekly feedback process to highlight key events in the week.

Working in partnership with others

• The service worked effectively in partnership with other agencies such as commissioners and health and social care professionals.