

Orchard Care Homes.Com (2) Limited

Rastrick Hall & Grange

Inspection report

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Date of inspection visit:
26 June 2019
04 July 2019

Date of publication:
15 August 2019

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

Rastrick Hall and Grange is a residential care home providing personal care to 60 people aged 65 and over at the time of the inspection. The service can support up to 79 people, some of whom are living with dementia. Accommodation is provided in two adjoining buildings Rastrick Hall and Rastrick Grange. Each building has three floors with ensuite bedrooms and communal areas on each floor.

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

People were happy with the care and support they received. Care records had improved, though some required more detail. Effective communication systems ensured staff knew people's needs and how to meet them. Staff were aware of risks to people and knew how to keep them safe. Medicines management was safe though record keeping needed to improve. Staff knew the processes to follow to manage any allegations of abuse.

The home was clean and well maintained. The environment was decorated and furnished to a high standard with adaptations made to help people find their way around.

There were enough staff to meet people's needs and keep them safe. Staff were trained and had the required skills to meet people's needs. Staff told they felt well supported. Recruitment processes ensured staff were suitable to work in the care service.

Staff were kind, caring and compassionate. They treated people with respect and maintained their privacy and dignity. People enjoyed a wide range of activities and events, including spending time in the garden. People had access to healthcare services and their nutritional needs were met.

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.

Following the last inspection the provider had brought in an improvement team to work alongside the registered manager and staff providing support and guidance. This had resulted in improvements across the service and better outcomes for people. Leadership and management had improved; staff understood their roles and responsibilities. Quality assurance processes and regular reviews by senior managers ensured improvements were continuous. Although we found significant improvements at this inspection, we need to be assured these improvements are sustained and the leadership and management remains effective before we award a Good rating. The service has a history of making improvements and these not being sustained.

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

Rating at last inspection (and update)

The last rating for this service was Inadequate (published 10 January 2019) and there were multiple breaches of regulation. We took enforcement action and issued warning notices. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 10 January 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we 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 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 ●

Rastrick Hall & Grange

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

On 26 June 2019 four inspectors, a medicines inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On 4 July 2019 two inspectors returned to complete the inspection.

Service and service type

Rastrick Hall and Grange 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. The registered manager 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 sought feedback from the local authority and professionals who work with the service. 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 spoke with 15 people who used the service and eight relatives/friends about their experience of the care provided. We spoke with 14 members of staff including the registered manager, the relief manager, the regional director, care managers, care workers, domestics, the cook and the activity organiser. We also spoke with two visiting healthcare professionals.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two staff files in relation to recruitment and five staff supervision records. 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 Inadequate. At this inspection this key question has now improved 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; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people and medicines were not managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risks were identified, assessed and well managed.
- People said they felt safe. One person said, "I felt when I lived in my bungalow and I wasn't safe to be on my own. But here, I know they're looking out for me all the time."
- Staff discussed risks in the morning handover and at a later mid-morning meeting. For example, people's pressure care was discussed and any emerging concerns, such as red areas to the skin, were highlighted to staff.
- Risk assessments were in place and care records had a front page with key information which included risk management. For example, skin integrity, choking and moving and handling. Where people were at risk of pressure ulcers regular repositioning was recorded and the time the next reposition was due.
- Staff knew which equipment people needed and people's individual mobility aids were labelled with their name on and placed within their reach. Staff reminded people to move safely and take their time.
- Equipment and the environment was safe and well maintained.
- Staff had received fire training and had taken part in fire drills. However, records showed some staff lacked understanding of the fire panel. The registered manager told us they would arrange further training for staff, including a simulation evacuation drill and training some staff as fire wardens.
- Safe arrangements were in place for managing medicines although some record keeping needed to improve. For example, protocols for 'as required' medicines needed to be more person-centred and some medicine care plans required more detail.
- People told us they received their medicines when they needed them. One person said, "Yes, they bring them each day with a drink to take them down."
- Overall medicine administration records (MARs) were well completed, although there were some gaps on MARs for creams and ointments applied by care staff. Staff usually signed the MARs after medicines had been administered, although we saw some care staff signed the MAR before the medicine had been taken.
- Care plans were in place for people who required thickened fluids. However, as some people drank from large mugs and others smaller cups, care staff needed to be mindful of the amount of fluid they were adding

the thickener to, so they could ensure drinks were thickened to the required consistency to prevent choking or swallowing difficulties. The provider took immediate action to address this with staff.

- Medicines were stored safely and appropriate stock levels were maintained
- When people received their medicines covertly (hidden in food or drink) appropriate assessments and decisions were made in accordance with the Mental Capacity Act.
- Medicine audits were effective. We saw detailed information from the electronic MAR system, including a daily review of any medicines administered late and a twice-weekly review of any medicines recorded as not administered
- When medicine incidents occurred, staff took part in meaningful reflective practice and appropriate improvement actions were agreed
- Staff had received recent training in medicines and their competency had been assessed.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient staff to meet people's needs and keep them safe. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- There were enough staff to meet people's needs and keep them safe. However, we noted staff were very busy during mealtimes on Rastrick Grange. The provider agreed to review this.
- The registered manager kept staffing levels under review and adjusted them according to people's needs.
- People and relatives were satisfied with the staffing levels. One person said, "Yes [there's enough staff], it's only occasionally they are a bit sparse."
- We observed staff were available and responded promptly to people. Staff carried handsets which told them when people were using their call alarms, and they attended without delay.
- Staff said staffing levels had improved since the last inspection. They said they had consistent teams and floating staff to offer extra support, as well as a night manager which they felt was a much needed role.
- Staff were recruited safely with all required checks completed before they started in post, including criminal record checks with the Disclosure and Barring Service (DBS) and references.

Preventing and controlling infection

- Infection control was managed well and there were good standards of cleanliness.
- People told us the home was kept clean. One person said, "[Cleaning staff] come every day and it is kept very clean. They make sure the floor is cleaned and the bathroom. They change the bedding and make the bed every morning and if they think it needs washing they will take it and get it done."
- Staff had received infection control training and followed safe practices; washing hands and wearing gloves and aprons appropriately

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

- Staff had received safeguarding training and our discussions with them showed they understood how to recognise and report abuse.
- Systems were in place to record and monitor any incidents and appropriate referrals had been made to the local authority safeguarding team. Concerns and allegations were acted on to make sure people were protected from harm.
- Accident and incident recording had improved and any follow up action required was recorded and implemented.
- Detailed analysis of accident and incidents looked at any themes and trends and any lessons to be

learned were shared with staff to help prevent recurrences.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant 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

- People's needs were assessed before they moved into the service and this information was used to develop care plans and risk assessments so staff understood how people's care was to be delivered.
- People's needs were continually reviewed to ensure the care they received met their choices and preferences.

Staff support: induction, training, skills and experience

- Staff were well trained and had the necessary skills and competencies to meet people's needs.
- People and relatives had confidence in the staff team. One person said, "They know what they are doing, sometimes I have to ask them what the best thing is to do. I wouldn't grumble about them at all."
- New staff completed an induction and shadowed more experienced staff before working unsupervised. Staff who were new to care completed the Care Certificate. The Care Certificate is a nationally recognised study plan for people new to care to ensure they receive a broad range of training and support.
- Staff had completed training in subjects the provider deemed mandatory such as safeguarding and moving and handling. Specialist training had also been provided including managing behaviours that challenge others. Effective monitoring systems were in place to make sure staff training was kept up to date. Holistic competency assessments were carried out annually to ensure staff understood the training they had received and were following best practice.
- Staff told us the training was good and said they received regular supervision which was confirmed by the records we reviewed.

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

- People dietary needs were met and they were supported to have enough to eat and drink.
- People gave mixed feedback about the food. Some said it was good, whereas others felt it could be better. Comments included; "I don't think the food is the very best. I guess you can ask for something else, but I never have done" and "It is good, they do well, they are good cooks. They ask us what we want and give us what we want. They make nice soup and puddings."
- Mealtimes were sociable and tables were laid with tablecloths, condiments, flowers and menus. People were offered a choice of meals and drinks with staff taking round plates of food so people could see what the meals were before choosing. One person had fruit juice in a stemmed glass and said, "They haven't just put these nice glasses out for you coming, we like our drinks this way. The food is nice, there's a choice of everything."
- Snacks such as biscuits, crisps and fruit were available between meals and offered to people throughout

the day.

- The catering staff had a good understanding of people's dietary needs and preferences.
- Staff understood which people needed particular diets and who needed support when eating and drinking. Staff reminded people to have regular drinks.
- Food charts were completed for some people to ensure they had sufficient intake. These were not always well completed. One person's records showed very little intake on some days. We discussed this with staff who said it was a recording issue and assured us the person had been given regular meals and snacks. When we returned on the second day of the inspection we found the recording had improved.

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

- Staff had developed good relationships with other agencies which ensured any support people required was accessed promptly, including care related to people's health.
- Healthcare professionals we spoke with during the inspection gave positive feedback about the service. They said staff were knowledgeable about people's needs, always followed their advice and guidance and contacted them promptly if they had any concerns about people's general health. However, another healthcare professional told us dietary advice they had given had not been fully implemented. We discussed this with the registered manager who made sure this was addressed.
- People and relatives said a wide range of health and social care professionals visited and this was confirmed in the care records we reviewed. One person told us, "I saw a doctor last week, about my arthritis and sometimes I get depressed, she was checking up on me. The dentist comes here and look at my teeth, a chiropodist comes here about every two months. An optician comes here every year. I have had two lots of new glasses since I have been here."

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

- The service was decorated and furnished to a high standard providing a pleasant and bright environment for people.
- Colours, pictures and signs were used effectively to help people find their way around the home. For example, contrasting colours used to make handrails easier to see in corridors, people's names and photographs on bedroom doors, pictures and signs to indicate bathrooms and toilets. Orientation boards told people the date and weather, activity boards showed in pictures and words what was taking place each day. Corridors were lined with different pictures and photographs.
- Throughout the home there were different areas for people to sit together and items to interest and occupy them. For example, on Rastrick Grange, staff had made one room into an indoor garden with artificial turf, benches and a small greenhouse which contained plants people had potted. Another room had been made into a nursery with baby dolls, cots, bottles, changing mats and baby seats. Staff told us people who were living with dementia gained comfort from spending time in both of these rooms.

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.

- People were supported to have choice and control of their lives as staff understood and applied the key principles of the MCA.
- Systems were in place to monitor DoLS authorisations, ensure conditions were met and make sure re-applications were timely. We checked conditions on three people's DoLS and found these had been met.
- Mental capacity assessments and best interest decisions were recorded where people lacked capacity to make particular decisions.
- We saw staff explained to people what they were proposing to do and gained consent before proceeding. People told us staff always asked for their consent.

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

At our last inspection people's privacy was not maintained and they were not treated with dignity and respect. This was a breach of regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

- People were supported by staff who had a kind, caring and patient approach to meeting their needs.
- People said they felt well cared for. One person said, "I do like it here, it's a lovely place. The staff are so pleasant." Another person said, "They know me here and they care about what they're doing."
- Relatives told us staff were kind and compassionate. One relative said, "The staff have done her nails, they make sure she chooses her own clothes and they are generally kind. They water her plants and if she asks for a cuddle they give her one."
- Staff were thoughtful and supportive of people and their relatives. For example, one person's relative was visibly upset about a family situation and staff empathised and offered time to talk.
- Staff said they felt relationships were very important. One staff member said, "The most enjoyable thing about doing this job is we all work together for the benefit of the residents."
- Staff were affectionate and kind towards people. They acknowledged people they saw and used appropriate touch, such as hand holding, a rub on the shoulder and a smile when greeting people. When people were upset staff consoled and reassured them, taking time to listen and staying with them until they were comforted.
- We saw one person who was walking with a staff member stopped and rubbed her nose against the staff member's nose and laughed. The staff member said, "That's an eskimo kiss, [name of person]. You like that don't you." The person laughed again and said to us, "She always does that" and then repeated the eskimo kiss.
- The service treated people equally and ensured their rights were protected. It was evident from our discussions with people, staff and relatives that trusting relationships had been established.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy and dignity was maintained.
- Staff knocked on people's doors before being invited to enter and they covered people's legs with a blanket whilst hoisting.
- People looked well groomed and were supported by staff to maintain their appearance.

- People told us staff made sure their privacy and dignity was protected. One person said, "They're very good like that, when they take me for shower they make sure the door to the corridor is shut. They are very good to me."
- People told us staff helped them to maintain their independence. Comments included; "I like to be independent, I do all sorts for myself" and "I do as much as I can for myself, but I am grateful there is someone to help me as I can't do a lot of things."

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

- People were involved and supported in making decisions about all aspects of their daily lives. People were offered choices such as what time they got up, where they wanted to spend time and what they would like to eat and drink.
- People and relatives told us there were regular meetings where they were asked their views. One person said, "We talk about food, they ask us questions. They ask for suggestions as to where we would like to go, I have had a few trips out." A relative said, "Yes we go to meetings, they have them every six months, they discuss everything that isn't private, like about the new garden room and dolls room. Anything that is happening, anything that is different. Personal matters are discussed in private."

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

At our last inspection the provider had failed to ensure people were receiving person-centred care that met their needs and preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- People received person-centred care from staff who knew them well and were responsive to their needs.
- People's care records had improved. Staff were confident and competent in using the electronic care system. Care records were personalised, although more specific information was required in some areas such as describing types of behaviour and pressure area care. Staff ensured regular updates were recorded to show the support and care provided to people.
- Staff had a good understanding of people's needs and told us they were kept informed of any changes to people's care and support through handovers and daily meetings.
- People were supported to keep in contact with family and friends. Relatives said they could visit when they wanted and were always made to feel welcome.
- Activities had improved with a range of different events taking place, details of which were displayed on noticeboards throughout the home. One person said, "We have plenty of games, old time dancing, we have singers, we make cakes, oh aye we have plenty of things like that."
- Children from a local nursery visited every week and we saw how much people enjoyed these visits. There was lots of laughter and smiles as the children sat with people colouring, chatting and singing. Nursery staff told us how people had also visited the nursery and celebrated special events with the children, such as the royal wedding.
- Some people enjoyed a baking session where they made chocolate buns. One person said, "Ooh this is very nice, I love it" as they ate what they had made.
- Activity and care staff worked together to meet people's social needs; taking time to sit and chat with people, look at books and listen to music.
- People told us they enjoyed going outside into the garden. Staff had appealed to people in the community for donated items to help brighten the garden area and this had generated a good response. Care staff had been given scope to run the garden project and said, "It's nice to be able to involve residents with planning". One person said they had enjoyed planting some flowers and these were in containers outside.

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's preferred method of communication was recorded and known by staff.
- Some documents and records were available to people in pictorial form. The registered manager told us information could be provided in alternative formats such as other languages, braille or spoken format, if required.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with had no complaints, but felt confident any issues they raised would be dealt with appropriately. One person said, "If I need anything I speak to the carers and they sort it, they don't mind me telling them if I don't think something is quite right." Another person said, "I have spoken to the manager once when something happened, but it was sorted out." A relative told us, "They are marvellous, I don't have any complaints. If I did I would tell any of the staff."
- The complaints procedure was displayed in the service. The complaints log showed 14 complaints had been received in 2019. All complaints had been dealt with appropriately and a detailed written response had been sent to the complainant.

End of life care and support

- We saw some discussions had taken place with people around end of life care, however, information about people's wishes and preferences was limited. The registered manager recognised that this was an area for 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 Inadequate. At this inspection this key question has now improved 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure there was effective leadership and management and quality assurance systems were not effective in identifying and resolving issues. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Leadership and management had improved since the last inspection. An improvement team had been brought in to work alongside the registered manager and staff providing support and guidance.
- Managers and staff told us they were now clear about their roles and understood their responsibilities. One staff member said, "The improvement team have made a massive difference and the changes are all for the better. It's like one big family here now, we have more staff than before and it's much better." Another staff member said, "Morale has improved."
- Effective communication systems had been implemented, ensuring staff were kept fully informed of any issues and actions required and also providing them with an opportunity to raise any matters.
- Quality assurance systems had improved. Regular audits were carried out reviewing all aspects of service provision. Where issues were identified, action plans were in place and were followed up to make sure the actions had been completed. The provider's quality team and senior managers carried out their own reviews and reports from these visits were comprehensive.
- All the breaches from the last inspection had been met, although some aspects of medicines management needed further improvement.
- We need to be assured these improvements are sustained and the leadership and management remains effective before we award a Good rating. The service has a history of making improvements and these not being sustained.

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 manager understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.

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

- People, relatives and staff told us they were involved in discussions about the running of the service. Minutes from recent residents and relative meetings showed the management team had kept people informed of the action they were taking to improve the service and had given people an opportunity to share their views. Regular staff meetings ensured staff views were aired and they were involved in discussions about improving the service.
- Some surveys had been sent out to people in May 2019. Only a small number had been returned. However, we saw actions were being taken to implement suggestions made, including access to a beauty therapist and provide daily newspapers
- The service worked closely with other health and social care professionals to ensure people received consistent and timely care.