

Flightcare Limited

# Orchard Nursing

## 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

Orchard Nursing is registered to provide nursing care to up to 31 older people and those living with dementia. At the time of our inspection 24 people were living at the service.

People's experience of using the service and what we found:

The service was following good practice guidance regarding the management of COVID-19 and maintaining standards of hygiene and infection control. The recommendations made from a recent inspection by the local infection control team had been addressed.

People's experience of using the service was positive. People received the care and support they needed when required. People and family members told us staff were helpful and kind and treated people with dignity and respect. Positive relationships had been developed between staff and people they supported.

The people we spoke with told us, and our observations confirmed, they felt safe living at Orchard Nursing. We were told, "We are getting looked after well" and "Staff are very good." One relative told us, "I can't fault care, amazing, [relative] has come on in leaps and bounds."

People reported good support regarding the management of their medicines and told us they got their medicines on time. The medications records we looked at were clear and supported best practice. Nursing staff administering medicines were suitably trained and competent.

Risks associated with people's care were identified and managed to minimise harm. Supporting care records mostly identified risks clearly and there were plans in place to help keep people safe.

Since the last inspection there had been changes of management. The current manager was providing effective leadership and was supported by a senior management team. The provider's governance systems and organisational structure was well developed and provided effective monitoring and support for the service.

### Rating at last inspection and update

At the last inspection the service was rated requires improvement (report published 4 June 2019).

### Why we inspected

We received concerns in relation to infection control. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. 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 coronavirus and other infection outbreaks effectively.

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.

The overall rating for the service has changed from requires improvement to good. This is based on the findings 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 full report.

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

#### 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?

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.

# Orchard Nursing

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. A recent inspection by the local infection control team had highlighted some concerns which we followed up. As part of this inspection we also 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 completed by one inspector.

Service and service type:

Orchard Nursing is a 'care service'. People in care services 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 did not have a manager registered with the Care Quality Commission although an application was being prepared. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

Day one of this inspection was unannounced. Day two was used to complete telephone conversations with relatives and staff.

What we did before inspection:

Before the inspection we checked the information that we held about the service. This included statutory

notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also obtained feedback from the local authority and healthcare professionals.

During the inspection:

We looked around the premises, observed the interactions between people living at the service, care delivery and activities provided at the service. Because of the increased risk of cross-infection we were unable to complete more extensive observations.

We spoke with three people living at the service, three relatives and several staff, including the care manager, senior managers, care staff, ancillary staff including domestic staff, admin staff and the activities coordinator.

We looked at a range of documentation including two people's care records, medication records, staff files, accident and incident records, safeguarding records, health and safety records, audits and records relating to the quality checks undertaken by staff and other management records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, risk assessments and quality assurance records.

# 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 Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

How well are people protected by the prevention and control of infection?

- 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.

Using medicines safely

- People received their medicines at the right time and appropriate administration records were maintained.
- Staff told us they had training to administer medicines and that managers assessed their competence to administer safely.
- Medicine administration and safety was audited on a regular basis.

Staffing and recruitment

- People told us they received support when needed and they felt care staff were competent.
- All staff felt supported by managers at the home and there was good morale amongst staff who worked closely as a team. We fed back some comments received from staff regarding night time cover; managers advised they would review ongoing.
- There were well- established policies and procedures in place to ensure staff had been recruited safely to work with vulnerable people.
- People said they felt safe. Most people told us staffing was fairly consistent, particularly given the current pressures around COVID-19. One person commented, "They are very good; [relative] is now settled and can present with [agitated] behaviour at times but staff reassure [person]."

Assessing risk, safety monitoring and management

- Risk assessments were completed to identify areas of risk and how people needed to be supported
- Risk assessments were reviewed regularly to reflect people's current care needs. Individual assessments included assessments and plans for COVID-19.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place.
- Staff understood their safeguarding responsibilities and had confidence in managers to address any concerns.

Learning lessons when things go wrong.

- There had been a positive response and improvements made following a recent external infection control audit.
- Incidents and accidents were recorded and reviewed with respect to reducing future risk.



# 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 Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection, the systems for checking on the quality and safety of the service were not always effective. We recommended that the registered provider reviews their quality assurance and monitoring systems to ensure that they are effective in identifying all areas of improvement.

We found the service had improved. There was a system of checking and auditing which helped ensure continued improvement.

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 previous registered manager had left the service some months ago. Meanwhile a new manager had accepted the role and had applied for registration.
- The feedback from people living at the service evidenced a settled and consistent approach by the manager.
- Systems and processes were in place to monitor the quality and safety of the service being provided and these helped to continuously improve the service.
- The service had sent statutory notifications informing us of changes and events in the home as required.

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

- People received support they needed to meet their needs.
- Staff told us they enjoyed working for the service and that staffing was relatively settled considering the pressures around COVID19. Staff reported management and staff changes had been carried out with minimum disruption so that a consistent approach had been maintained.
- Staff told us "Since [new manager] has started she has tried to build a positive culture; very supportive of everyone and inclusive. It's the most settled I've seen it" and "[manager] is very good - she is very accessible and it feels like we are starting to get somewhere."

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

- Regular reviews took place for people using the service to ensure the support was meeting their needs.
- People told us they were listened to and involved as much as possible.
- People had been provided with information regarding COVID-19 and changes that were being

implemented to keep people safe. Information had been adapted to make it more accessible as required.

#### Continuous learning and improving care

- The infection control concerns identified by the recent external audit had been addressed immediately.
- Quality assurance measures identified areas for improvement; for example, the ongoing development of the environment in the home.
- The manager and senior managers were responsive to the feedback we delivered during the inspection and were positive regarding continuing to improve the service.

#### Working in partnership with others

- The manager and staff worked with local authorities and healthcare commissioners.
- Referrals to health services were managed well and appropriately followed up on. For example, one person had been referred effectively following a worsening of their medical condition and this had been quickly reviewed by the GP in the person's best-interests.