

# Oakleaf Care (Hartwell) Limited

## Orchard House

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Orchard House is a care home providing personal and nursing care to up to 22 people. The service specialises in providing support to people with acquired brain injuries. At the time of the inspection there were 21 people using the service.

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

The service was exceptionally well-led by a team of managers and staff who were focused on providing person-centred care, empowering people to reach their goals and best outcomes. There was a strong emphasis on learning from people's experiences and any accidents or incidents.

There was an extremely open and honest culture where people were actively encouraged and empowered to raise concerns through innovative ways. Staff were dedicated to providing a safe and nurturing environment and took pride in their work.

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.

People could be assured they were cared for safely by highly trained, committed and competent staff team. Medicines were safely managed and risks to people's health and well-being were assessed, and measures put in place to mitigate the risks identified. Staff were recruited safely and knew how to protect people from harm or abuse.

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 Outstanding (published 04 December 2019).

### Why we inspected

The inspection was prompted in part due to concerns received about the administration of medicines and staff conduct. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Orchard House 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, 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.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was exceptionally well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Outstanding</b> ☆</p>

# Orchard House

## 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.

#### Inspection team

The inspection team consisted of 1 inspector and 1 Specialist Nurse Adviser.

#### Service and service type

Orchard House 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 House is a care home with 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 a registered manager in post.

#### Notice of inspection

The inspection was unannounced

#### What we did before the inspection

We reviewed information we had received about the service and sought feedback from the commissioners of the service. We also used the information the provider sent us in the provider information return (PIR). 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 this information to plan our inspection.

During the inspection

We spoke with 3 people who use the service and 5 relatives. We spoke with 12 members of staff including care and support workers, therapy staff, the unit manager, the quality manager and the registered manager.

We reviewed a range of records including care records, medication records and staff recruitment records. We also reviewed records relating to the management of the service, including policies and procedures and complaint records.

# 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. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff had training on how to recognise and report abuse and they knew how to apply it. There were up to date procedures and information available to support them.
- People told us they felt safe and knew who to speak with if they had any concerns.
- The registered manager had reported and pro-actively sought advice and support to address any safeguarding issues.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People had personalised plans in relation to their safety and support needs.
- Personal emergency evacuation plans were in place which meant staff and emergency services knew what support people needed in the event of an emergency.
- Staff managed the safety of the living environment and equipment through checks and action to minimise risk.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The service had enough staff, including for one-to-one support for people to take part in activities and visits when they wanted.
- Staff received training relevant to their roles and had the skills and knowledge to support people.
- The provider operated safe recruitment processes.
- Staff were checked for any criminal convictions and satisfactory employment references were obtained before they started to work at Orchard House.

Using medicines safely

- People were supported to receive their medicines safely.
- Safe protocols for the receipt, storage, administration and disposal of medicines were followed.
- Protocols were in place for as required medicines (PRN). Staff had recorded the reason for administering the medicine. This supported health professionals to monitor and review the effectiveness of these medicines.
- Staff received training in the administration of medicines and their competencies were assessed before they could administer any medicines.

### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff wore appropriate protective clothing when required and had undertaken training in prevention, protection and infection control.
- Overall, the environment was well maintained.

### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- When things went wrong there was a strong emphasis on reflecting on what lessons could be learnt and improvements made. For example, a new Food and Dietary Information Form was created following a poor handover of information on admission. This had ensured there was clear comprehensive information for staff about people's dietary needs including any cultural needs.

### 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act. People were part of any decision making and where people lacked capacity to make specific decisions best interests decisions were made involving family, where appropriate.

- Staff had received the appropriate training. We observed staff seeking consent from people before supporting them.
- Best interest decisions were clearly documented and the relevant people consulted and involved.



# 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 Outstanding. At this inspection, the rating has remained Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service they created drove and improved high-quality, person-centred care.

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

- People and staff were at the heart of the running and development of the service. The provider fully incorporated a diverse range of views that embraced people's protected characteristics. For example, arrangements were in place to ensure staff with visual impairments had equipment to support them to access systems and information to support them in their work. Adjustments to working practices were made to accommodate staff returning from maternity leave who continued to breast feed. This enabled staff to continue contributing to the development of the service.
- New and innovative ways of gathering feedback from people had led to service improvements and ensured people's voice was heard. Outcomes of the 'Resident's Voice' meeting included a revised 'Welcome pack' for people and families, which could be translated or modified to meet people's individual communication needs. People had been invited to be part of the interview process for new staff which supported their ability to observe how potential staff interacted and communicated with the people using the service. Yoga mats were purchased for people to be able to exercise/stretch in their rooms empowering and enabling them to independently enhance their rehabilitation.
- Manager 'Walk Around's' included staff and members of the multi-disciplinary team ensuring a diverse range of roles had regular opportunities to raise issues, concerns or share good news stories about people's positive outcomes. This led to an improvement in standards as all key stakeholders were fully involved and everyone was empowered to bring about change. Staff commented how they use the walk about to highlight how people had improved and gained independence, so all within the service and the people themselves can celebrate the success.
- A Resident Voice meeting was in place, its purpose was to bring together a collaborative group of people from various disciplines to discuss and implement positive actions to enhance the experiences for people using the service. The feedback came from both people and staff collected through various methods such as 'Have your say' feedback boxes, resident's involvement in the meeting, surveys. One comment we saw following a 'Resident's Voice' meeting 'Thank you for listening to me.' Another was 'Nothing but praise, I owe a big thank you to all the staff.'
- There was a strong emphasis on involving everyone to ensure Orchard House continued to improve on the outcomes for people. For example, plans were in place to set up a family support group with the aim of involving families auditing and reviewing the service.

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

- There was an exceptionally positive, open and inclusive culture at the service.
- The provider had systems to provide person-centred care that achieved more positive outcomes for people.
- People were at the centre and focus of everything. The registered manager's passion to provide the best care and support to people to achieve their best outcome transcended across the staff team. Feedback from people and relatives was excellent. One relative said, "All the staff are very friendly, [loved-one] would not be where they are now had it not been for everyone. They kept me informed of any progress, such as first steps." Another said, "They [staff] don't stop trying to find different ways to help and support [loved-one] and always try to include them as much as possible."
- People were fully involved in developing their care plans and constantly encouraged by all staff to reach their goals however big or small. One person said, "I always get a say in what is going on in the day, the staff are good, always plenty of things to do." For example, we saw this approach had led to people achieving goals through the service training staff to deliver ultrasound guided Botox. The service had identified prolonged waiting times for referrals to NHS services which impacted on the rehabilitation of people. Being able to provide a Botox clinic themselves led, for instance, one person being enabled to progress sooner with their physiotherapy sessions which led to a successful discharge home within a much shorter timescale.
- The management team worked exceptionally hard and had established a service with a strong visible person-centred culture. The staff were dedicated and caring and treated people with kindness, compassion and respect, which clearly had a positive effect on people.
- Staff were valued and supported in various ways which meant staff turnover was lowered and staff were proud of where they worked.
- We saw a number of initiatives in place to support staff well-being and encourage staff to be the best they could be. For example, there was 'Employee of the Month' which involved both the people who used the service and staff nominating staff for the work they had done. There was additional financial support for staff when needed, which helped to retain staff. This led to a settled committed staff team, focused on providing excellent outcomes for people. One staff member said, "I have received outstanding support, I can't thank [registered manager] enough."

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

- The provider had a fully integrated management structure that proactively monitored the quality of care provided to ensure care was of high quality. This was constantly reviewed and improved, for example, restrictive practice audits took place involving a range of staff and a complaints management template was introduced to ensure constancy in approach to responding to complaints.
- There were robust systems in place to monitor the quality and performance of the service. Any shortfalls were quickly identified and action taken.
- Emphasis was placed on everyone taking responsibility for maintaining and improving the service. Daily meetings and handovers with all staff included information about any accidents, incidents, complaints and safeguarding issues which ensured everyone was aware and had an opportunity to share ways in improving the service. This enhanced communication, lessons learnt were shared.
- The registered manager and provider were open and receptive to suggestions as to how they could improve and continually looked for new and better ways to improve the quality performance of the service. For example, following feedback additional staff types had been employed, including a safeguarding lead co-ordinator which ensured more robust management of outcomes giving more oversight to the registered manager.

### Continuous learning and improving care

- The provider had created an exceptional learning culture at the service which continuously improved the care people received.
- The provider had won a Nursing Times award in 2022 for creating a 'Weight management programme for adults with acquired brain injury'. Created and designed by the quality manager this had a positive impact on people's weight, health and well-being. Comments of people who participated included 'I fit in and was part of something', 'I haven't cooked in a long time, thank you', 'I enjoy cooking and sharing this with my housemates'. The programme was now available to any acquired brain injury service, demonstrating the service as a positive role model for others.
- There was a strong emphasis on developing staff skills and knowledge. Staff were provided with a supportive environment to learn and gain further qualifications which meant people benefitted from a highly trained workforce. We met staff who had recently completed their Nurse Associate qualification.

### Working in partnership with others

- The provider worked exceptionally well in partnership with others. They had a systematic approach to working with other organisations to strive for excellence and improve care outcomes, being an excellent role model for others.
- In response to pressures within the NHS during the COVID pandemic the registered manager liaised with local hospitals and commissioners for health and social care and developed a Stroke Pathway. This had freed up finite resources, stopped people being stuck in hospital and provided the early intervention of rehabilitation people desperately needed. This positively impacted on people's well-being and achieved extremely good outcomes for people with an overwhelming majority of stroke survivors who used the service being able to return to their own homes.
- Feedback from commissioners was extremely positive. One who had recently visited the service to review a placement commented 'the person had made good progress and reached their optimum rehabilitation. They offer a very intensive service with all the MDT involved. The family are very happy with the service provided. It is a nice therapeutic environment.'
- The registered manager constantly looked at innovative ways to engage better with partners. For example, a work placement had been offered to trainee paramedics which had the potential to raise the awareness of both parties as to how each other worked, enhancing working relations between the two providers and sharing valuable skills and knowledge.

### 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 provider fully embraced their responsibilities under duty of candour and had embedded the ethos at the service.
- The registered manager demonstrated a strong understanding of their responsibilities under duty of candour. Staff knew who to contact when things had gone wrong. There were clear processes in place to report any accident/incidents and staff told us they would spoke with managers when needed.
- Any complaints raised were thoroughly investigated and the registered manager went the 'extra mile' to ensure people got the support they needed. Outcomes were shared and there was a strong emphasis on learning lessons and continuous improvement.
- The registered manager, along with other managers of the service were very aware of their legal responsibilities, including appropriately notifying CQC of any important events.
- The provider had robust quality assurance systems in place regarding reporting, investigating and learning from incidents when things went wrong; any actions were fed into service. A daily 'Safety huddle' was held which included both clinical and support staff, focused on such things as management of risk, safety, environment, complaints and any safeguarding issues. This had a positive impact on the service, staff were

well informed and action taken swiftly to address and learn from incidents.