

Angel Care (Orchid Care Homes) Ltd

Orchid Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

Orchid Care Home provides care to people who may require nursing care and for people living with dementia. Orchid Care Home accommodates up to 84 people in three separate units, each of which comprises separate purpose-adapted facilities. There were 76 people using the service at the time of the inspection. One of the units specialises in providing care to people living with dementia.

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

Risks associated with people's individual care needs, the premises and the equipment in use were assessed and managed. The provider employed enough staff to safely meet people's care needs. Systems and procedures were in place to ensure people received their medicines safely and as prescribed.

People's individual care needs were assessed before they moved into the home. Staff received induction followed by ongoing training and management support to enable them to work safely and effectively. External professionals were involved in providing care to individuals when necessary. Staff encouraged people who were under-weight to eat fortified foods. A range of menu choices was available.

People were supported to have maximum choice and control of their lives. Staff provided them with care and assistance in the least restrictive way possible and acted in their best interests. The policies and systems in the service supported this practice.

Staff treated people with dignity and respect and maintained their privacy. They were kind and caring and knew people well.

People's care plans were tailored to people's individual needs and promoted a person-centred approach. There was a complaints process in place which was managed effectively. The provider had procedures in place to identify and address people's wishes and choices regarding end-of-life care.

At this inspection we rated the service as requires improvement in the well led domain. This is because we need to ensure that the improvements made are well embedded into the service and that they are sustainable. People and their relatives spoke positively about the overall management of the service. Staff felt valued and supported by the management team. The management team understood their responsibility to inform people and relevant others if something went wrong with the care provided. They took steps to keep themselves up to date with current legislation and best practice guidelines, and sought to engage with people, their relatives and staff. The provider had quality assurance systems and processes in place to monitor and improve the quality of people's care.

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 requires improvement (published 4 June 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Orchid 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

The inspection was carried out by two inspectors, an inspection manager and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

Orchid Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The 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.

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 these pieces of information into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We talked to five people using the service and one person's relative about their experience of the care provided. We spoke with nine members of staff including the nominated individual, the registered manager, the assistant manager, three registered nurses, two healthcare assistants and the activities coordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records sent to us by the registered manager.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess the risks to the health and safety of the service users receiving care or treatment. Care and treatment were not provided to people in a safe way. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of Regulation 12.

- Risks to people's health, safety and well-being were thoroughly assessed. Staff understood potential risks and knew how to mitigate them. These were appropriately managed to ensure people were kept safe, and that their freedom was respected. For example, one person required one-to-one support due to the risk of falling. This person enjoyed their freedom and was happy to spend most of their free time walking and using service premises. However, this person felt anxious if staff were following them. We observed that this person was supported by a member of staff who followed the person unobtrusively a few yards behind them to ensure this person was safe but also enjoyed their freedom.
- Risk assessments were personalised and regularly reviewed. They were for areas such as moving and handling, choking and skin condition.
- The environment and the equipment were safe and well-maintained. Emergency plans were in place to ensure people were supported in the event of a fire or an untoward event.

Staffing and recruitment

At our last inspection we found that staffing numbers were not sufficient to care for people safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to meet people's needs during our inspection. One person told us, "Since the new manager came in, they seem to have fixed it with the staffing and the ones they are employing now are top of the tree."
- The registered manager had reviewed staff deployment and increased the number of staff supporting

people. This had significantly improved staff's ability to support people in a safe and timely manner. A member of staff told us, "We have put measures in place that have resulted in an increase of the staffing levels."

- Staff were recruited in a safe way. All appropriate checks were carried out prior to members of staff commencing work for the service.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training and understood their responsibilities to safeguard people and were aware of the provider's procedures.
- People and a relative of a person felt the service was safe. One person told us, "The staff here are good and I have no problems with them." Another person told us, "I feel absolutely safe here, the staff are efficient and are very gentle when handling me, constantly checking that I am comfortable."
- Safeguarding alerts were raised with the local authority in a timely way when required.

Using medicines safely

- People's medicines were appropriately managed. Medicines were safely received, stored, administered and disposed. Clear protocols were in place for the use of 'as required' medicines.
- Regular medicine checks and audits were carried out to identify any errors and take appropriate action.
- Any decisions to administer people's medicines covertly were taken in line with the principles of the Mental Capacity Act 2005, through consultation with the person's next of kin, a GP and a pharmacist.

Preventing and controlling infection

- Staff had received training in infection control and were provided with protective clothing to prevent the risk of cross contamination. Staff used gloves and aprons and washed their hands appropriately.
- We saw the home was clean, tidy and odour free. Staff supported people throughout the day to maintain a tidy environment.

Learning lessons when things go wrong

- A system was in place to report and investigate accidents and incidents. Relevant notifications were made to the authorities when required. We saw records that confirmed people were referred to specialists such as a falls clinic or a Parkinson's specialist as a result of accidents/incidents analysis.
- The registered manager discussed incidents and accidents with the staff team to ensure all staff knew about any resulting changes to practice.

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 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.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we found that people using services were not protected against the risks associated with giving their consent to care, support and, where required, treatment. This was because the provider was not acting in accordance with the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of Regulation 11.

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.

- Staff received training to help them understand their role in supporting people's day-to-day decision making. We saw they sought people's consent before carrying out their care.
- Formal mental capacity assessments and best-interests decision-making had been completed in relation to significant decisions about people's care. For example, in relation to administering medicines covertly.
- People who were subjected to DoLS had approved DoLS authorisation certificates in their files. People's care files also included signed consent to care and treatment forms confirming agreement with their care and support plans.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved into the home, their individual care needs were assessed and recorded to ensure the service was able to meet these effectively and to inform initial care planning.
- Some people used the service as a respite so they had their needs re-assessed with each re-admission. Information provided by visiting professionals was also added to care plans. Any changes made were communicated to staff.

Staff support: induction, training, skills and experience

- All new staff completed the provider's induction training to help them understand and settle into their new roles.
- Staff received on-going training to ensure they had the correct skills and knowledge to support people safely and effectively. Competency checks were undertaken.
- Staff had regular supervision meetings and appraisals. They told us they felt supported. A member of staff told us, "I feel supported by the management team. They would listen to me if I had a problem."

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

- People were supported by staff to eat and drink sufficiently and were encouraged to make choices about what to eat and drink on a day-to-day basis. Any complex needs or risks associated with people's eating and drinking were assessed, with specialist advice where appropriate. One person's relative told us, "One of the nurses noticed that mum was having difficulties swallowing and referred her to a therapist. A thickener was added to all of mum's drinks."
- Mealtimes at the service were social, unhurried and well-organised events. Staff gave people any physical assistance needed to eat safely and comfortably, offered them a choice of drinks and made sure they were enjoying their meals.
- Staff ensured people had access to regular drinks and snacks in between mealtimes, including those who were cared for in their bedrooms.

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

- People's care files included details of their medical history to help staff understand people's health needs. People's care plans had been developed in relation to the management of long-term health conditions.
- Where people had skin damage or wounds, appropriate procedures were in place for nursing staff to evaluate and manage these. Each person had a 'This is me' hospital passport, designed to provide medical staff with key information about their needs in the event of a hospital admission.
- People were supported to maintain good health and referred to health professionals when required. Information provided by healthcare professionals was incorporated into people's care plans. Staff followed advice given by other healthcare professionals and sought further advice when needed.

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

- The home's purpose-built environment provided people with enough space to socialise with one another and participate in recreational activities, eat in comfort, receive visitors or spend time alone if they chose.
- The service was dementia friendly. For example, carpets were free of any patterns that might cause confusion. Each floor of the building had been designed with regard to people's conditions and needs. There were also different decoration patterns to suit people's tastes. For example, one place in the building depicted a cinema. In another part of the building there was a post office, a toy shop and a laundry room. It provided people with sensory stimulation but also helped them relax and evoke their memories.

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 good. At this inspection this key question has remained the same. 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

- People and their relatives felt staff were caring and they were respected. One person told us, "I am looked after very well and the staff respond to anything I ask them."
- Staff knew people well, and were familiar with their personalities and preferences and treated them with kindness, gentleness and warmth. We observed supportive interactions between staff and people with engagement, patience and sensitivity.
- Staff presented an insight into the importance of understanding and respecting people's background, needs and listening to what was important to them. As a result, they knew how people wanted to be supported.

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

- Staff offered people a choice about their daily routines, for example, if they wanted a shower or a bath, what clothes they wanted to wear, where they wanted to have their lunch and if they wanted to participate in activities.
- People and their families were involved and enabled to have their say through regular meetings and reviews.
- Staff understood how people communicated. Support plans set out how staff should offer people choices in a way they would understand so they could make decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. Care plans reflected people's likes and dislikes, interests and described tasks they liked to do themselves.
- People were treated with dignity and their privacy respected. Staff knocked on people's doors prior to entering their rooms and explained what they were going to do. Staff gained people's permission prior to supporting them. On one occasion we witnessed that one person became unwell while eating lunch with other people in the dining room. Staff protected this person's privacy by using a screen and helped the person clean their clothes.
- People were supported to maintain relationships that were meaningful to them. We observed relatives visiting people in the home throughout the inspection.

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 good. At this inspection this key question has remained the same. 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

- The service was responsive to people's needs. We saw that where people's needs changed, they were referred to other professionals and their care plans were updated in a timely manner.
- People's care records contained details of their personal history, interests and known preferences to promote a person-centred approach. Care plans included documentation which could be used in case of an emergency, for example, if a person was admitted to hospital. Staff demonstrated they were aware of people's individual needs.
- Records showed there were regular formal review meetings with people using the service and people's relatives. At these meetings people's care was discussed and reviewed to ensure people's needs were being met effectively.

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 care files included information about their individual communication and information needs to ensure they had the support they needed in these areas.
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways.

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

- The provider employed activities staff who took the lead on planning and facilitating people's day-to-day activities. These staff members engaged with the local community to enhance activities provision at the home. There were visits from a local special school, entertainers and a local music group of people with learning disabilities.
- There were activities organised on a group level, however, some people who stayed in their rooms told us they lacked any social interaction. One person told us, "I have not attended any activities and no one comes into my room to do any activities with me." We brought it to the attention of the registered manager who told us, they are going to provide more one to one activities for people who stayed in their rooms.
- Staff and the management had developed and maintained good community links to support people's faith. For example, people had the opportunity to receive regular communion at the home.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise any complaints or concerns about the service provided, and told us they felt comfortable doing so.
- Records showed complaints were investigated and lessons learnt to improve the service.

End of life care and support

- At the time of our inspection, no one living at the service was receiving end-of-life care.
- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.

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 inadequate. At this inspection this key question has now improved to requires improvement. This is because we need to ensure that the improvements made are well embedded into the service and that they are sustainable.

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

At our last inspection we found that the provider had failed to notify the Care Quality Commission (CQC) about notifiable incidents that occurred in the service. This was a breach of Regulation 18 (Notifications of other incidents) of the Registration Regulations 2009.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of Regulation 18.

- The management team understood the regulatory requirements upon the service, including the need to tell us about certain changes, events and incidents that affect their service or the people who use it. Our records showed they had submitted these 'statutory notifications' in line with their registration with us.
- Staff and the management demonstrated a clear understanding of their respective roles within the service. We saw they worked in an organised manner and communicated well with one another.
- The management team recognised their responsibility to be open and honest with people and relevant others if something went wrong with the care provided.

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

At our last inspection we found out that the provider did not have effective systems and processes in place to make sure they assessed, monitored and improved their service to ensure people received safe care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of Regulation 17.

- The provider had quality assurance systems and processes in place to enable them to monitor and improve the quality and safety of people's care. We found quality assurance were used effectively and resulted in a significant improvement in the standard of completion of accidents and incident forms.
- A comprehensive action plan for the ongoing management and development of the service was in place

and being used effectively.

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

- People and their relatives spoke positively about the overall management of the home and the quality of care provided, and their direct dealing with the management. One person told us, "The new manager is doing her best and the service is well-managed."
- Staff felt the management team were supportive, fair and understanding. A staff member told us, "I love it here. Since [registered manager] and [deputy manager] came onboard, the management is more structured and stable. As nurses, we have been listened to, hence changes in medication ordering and medication management."
- A new manager had been employed to oversee the management of the service. They led by example, were visible, enthusiastic and passionate about improving the service for everyone. They promoted honesty, responsibility and accountability and the culture of the service had changed as a result.

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

- People's care records demonstrated staff and the management cooperated with a range of community, health and social care professionals to ensure people's needs were met.
- Regular staff meetings were organised to provide staff with an open forum to put forward their views and suggestions regarding the service.
- People and their relatives were asked for their views of the service through regular meetings. All feedback received was analysed and any identified actions were completed. One person's relative told us, "The relative's meetings are held at different times of the day so everyone gets an opportunity to attend which I think is good. At a previous relatives meeting, we suggested that they add liver and bacon, and Lancashire Hotpot as a meal choice, and reduce the curries on the menu. The residents within the home are not used to eating spicy curries so a lot of the food was being wasted. The management took our idea on board and changed the menu choice."

Continuous learning and improving care

- The registered manager provided strong leadership and their constant critical review of the service had led to the noticeable improvements. They consulted with staff, people and relative's routinely to identify how they could enhance the service and ensure they remained at the forefront of best practice.
- The registered manager had analysed accidents, incidents, safeguarding concerns, the clinical oversight of the service and staffing issues. They had gained an understanding and insight into how these had come about and had put systems in place to prevent them from happening again at both a management and staffing level.

Working in partnership with others

- The registered manager demonstrated how they worked in partnership with local hospitals, the clinical commissioning group for health care admissions, the local authority, social care and safeguarding teams and other healthcare professionals.
- People were supported to attend specific activities in the local community. One person told us, "As for the entertainment, staff take us out quite a lot, recently we went to have a pub lunch and I ordered a piece of steak which I thoroughly enjoyed. Having a steak dinner are some of the things that you miss living in a large place such as this so I enjoy going out for meals."