

Flightcare Limited

Orchard Nursing

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Orchard Nursing is a care home that provides personal and nursing care for up to 31 people in one building. Accommodation was over three floors. At the time of this inspection 26 people were living at the service.

Improvements had been made since the last inspection in relation to people's living environment, identified risks to people had been minimised and people were treated with dignity and respect. In addition, some improvements had been made to the systems in place to monitor the quality and safety of the service.

We have made four recommendations in relation to the storing of equipment, reviewing the number of staff available to meet people's needs, the completion of records and quality monitoring systems in place within the service.

People's experience of using this service:

Peoples' needs and wishes were assessed and planned for. Care plans identified the intended outcomes for people and how their needs were to be met. People received care and support from appropriately trained staff. People were offered a choice of diet and their healthcare needs were understood and met.

Systems for assessing and monitoring the quality and safety of the service were not fully effective in identifying areas of improvement within the service. However, there had been improvements from our previous inspection. People and their family members described the staff as "Nice" and "Really respectful." Systems were in place to gather people's views on the service.

People were protected from abuse and the risk of abuse and staff understood their role in relation to this. People and their family members told us that the service was safe. Risks to people and others were identified and measures put in place to minimise harm. This was an improvement from the previous inspection. Infection control practices were followed to minimise the risk of the spread of infection. Regular safety checks were carried out on the environment and equipment.

Staff knew people well and were knowledgeable about individual's needs and how they were to be met. People and their family members knew how to raise a concern or make a complaint about the service. Staff provided care and support with positive outcomes for people.

Details are in the key questions below.

Rating at the last inspection: The service was rated as Requires Improvement on 23 April 2018.

Rating from this inspection: Requires Improvement.

Why we inspected: This was a planned inspection to assess what improvements had been made by the

registered provider following its previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always Safe.

Details are in our findings below.

Requires Improvement ●

Is the service effective?

The service was Effective.

Details are in our findings below.

Good ●

Is the service caring?

The service was Caring

Details are in our findings below.

Good ●

Is the service responsive?

The service was not always Responsive.

Details are in our findings below.

Requires Improvement ●

Is the service well-led?

The service was not always Well-led.

Details are in our findings below.

Requires Improvement ●

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.

Inspection team:

This inspection was completed by an adult social care inspector and one 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:

Orchard Nursing is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

Inspection site visit activity was on 15 and 17 April 2019.

What we did: Our inspection plan took into account information that the provider had sent to us since the previous inspection. This included a Provider Information Return (PIR) which gave the provider an opportunity to tell us what they did well, and their plans for improvement over the next 12 months. We also considered information about incidents the provider must notify us about and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners. We used all of this information to plan our inspection.

During the inspection, we spoke with 15 people using the service and four family members. We spoke with the registered manager, area manager and members of staff. In addition, we spoke with the registered provider and a visiting specialist nursing practitioner.

We looked at four people's care records and a selection of medication administration records (MARs) and procedures in place for the safe management of medicines. We looked at other records relating to the monitoring of the service, including records of checks carried out around the premises, the training records of staff and the recruitment records for five staff who had been employed by the service since our last inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- Risks to people were identified and plans were in place to minimise those risks. Specific mattresses in use by people at risk of skin damage were regularly checked to ensure they were effective. This was an improvement from the previous inspection.
- Regular safety checks were carried out on the environment and equipment used. This was an improvement from the previous inspection. However, an evacuation chair to be used in the event of emergencies was not easily accessible as other equipment had been stored in front of it. In addition, furniture from a bedroom that was being re-decorated was found to be blocking access to bedroom doors and the corridor. We raised this with the registered manager who immediately moved the furniture and equipment.

We recommend that the registered provider reviews its procedures for storing equipment throughout the building.

- Emergency procedures were in place. People's personal emergency evacuation plans had been reviewed and updated in April 2019.
- Staff had access to policies and procedures in relation to health and safety and training was available in this area.

Staffing and recruitment

- Sufficient numbers of suitably trained and experienced staff were on duty to meet people's needs at the time of this inspection. However, people and their family members told us that more staff were needed at times. One family member felt that the service was short staffed, they told us "(Relative) sometimes has to wait for breakfast, a bit hit and miss." Other comments included "Not enough (Staff)" and "Need more staff". People told us that they had on occasions had to wait for staff to answer their call bell. When asked if staff answer their call bell quickly one person told us "not at night they don't." Another person told us that the length of time it took for staff to answer their call bell would depend on how many staff were on duty. We recommend that the registered provider reviews its procedures for calculating the number of staff on duty to meet people's needs.
- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered a job.
- The registered provider had a bank of nurses and carers that worked throughout the organisation covering shifts at their different services when required. This system meant that the service did not use agency staff.

Preventing and controlling infection

- Systems were in place to prevent the spread of infection. Procedures were in place to maintain a safe and clean environment for people to live. This was an improvement from the previous inspection.

- Personal Protective Equipment (PPE) was available throughout the service. Staff were seen to use PPE when supporting people with specific tasks to prevent the spread of infection.
- People told us that they found the service was clean. A family member told us staff regularly wear aprons and gloves and felt that the home was clean. People's comments included "Cleaner always spot on" and "(Bedroom) cleaned almost every day."

Using Medicines Safely:

- Regular audits took place to monitor that people's medicines were managed and administered safely.
- Staff followed safe medicines policies and procedures and good practice guidance.
- Staff responsible for managing people's medicines had completed training and their ability to manage medicines safely had been checked to ensure their competence.
- Information and guidance was available to staff about how and when to administer medicines prescribed for people.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding procedures were in place. Staff had completed safeguarding training and had access to information about how to protect people from harm. Staff knew how to refer any concerns they had about people's safety.
- People told us they felt safe living at the service. Comments included "I like it here and feel very safe."

Learning lessons when things go wrong

- Accident and incidents which occurred at the service were recorded and analysed to look for any patterns and trends and ways of minimising further occurrences.
- Lessons were learnt and improvements made following accidents and incidents.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the right knowledge, skills and experience to meet people's needs effectively most of the time.
- Training was available to ensure that staff had up to date knowledge for their role.
- People and their family members had mixed opinions about the skills and knowledge of staff. One person commented that staff had "Got basic knowledge."
- A system was in place to plan individual supervision sessions for staff so that they received an appropriate level of support for their role. However, we identified that qualified nursing staff were not in receipt of clinical supervision. We discussed this with the registered manager who told us that they would ensure regular clinical supervision was arranged for all qualified nursing staff.

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

- People were protected from poor nutrition and dehydration. People had access to sufficient food and had a choice of food and drinks. Outside of mealtimes people had access to snacks and drinks. People who were identified as being at risk from dehydration had their fluid intake recorded and monitored on a regular basis. This was an improvement from the previous inspection.
- People with pressure sores received appropriate support. Records of all care and treatment of pressure sores were in place. However, not all good practice guidance had been followed in relation to these records. We discussed this with the registered manager who made a commitment to improve the records.
- People had a choice of where they ate their meals with the majority of people choosing to eat their meals in the lounge areas. We discussed with the registered manager ways in which to promote the use of the dining room, to offer people an alternative location and further opportunity to socialise.
- People had mixed views about the food provided. Their comments included, "Very repetitious, poor quality", "Sometimes it's good", "Food is homely" and "it's great, always a choice." The registered provider had recently carried out a survey in relation to the food available to people which had resulted in a revision of the menus.

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

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice.
- The registered provider employed a qualified nurse to support the service in care planning and reviews. This member of staff worked with the service on a regular basis.
- People's individual needs were assessed to ensure they could be met at the service.
- People, their family members and health and social care professionals were involved in the assessment and planning of people's care. Family members told us that they were included in their relatives care

planning.

- Care plans contained guidance and information about how people's needs were to be met.
- Staff delivered effective care to people in line with their care plan. People told us that staff consulted with them prior to delivering care and support.

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from healthcare professionals this was arranged. Staff requested visits from doctor's, nurse practitioners, opticians and a podiatrist when people required these services.
- Staff had access to professional guidance relating to people's specific medical conditions. During the inspection we spoke with a specialist nurse practitioner who told us that staff were responsive to the needs of the person they visited and supported them well.
- Any support people needed with their healthcare needs was recorded in their care plan.
- Systems were in place to ensure that important information about people's needs was shared when they were admitted to hospital.
- People and their family members told us that staff would always arrange for them to see a doctor if they were unwell.

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

- People had freedom of movement around the building.
- A programme of redecoration of people's bedrooms was in place.
- People had access to outside established garden areas.
- Pictures and signage was in place to help people identify communal areas and bathrooms. In addition, wall hangings and pictures had been added in some areas to offer stimulus to people.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that they were. People's DoLS authorisations clearly demonstrated that any specific restrictions had been considered in the application process.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness, dignity and respect. This was an improvement from the previous inspection. People's and family members comments were mostly positive and included, "Nice staff" and "Really respectful" in their approach. One person told us that the majority of the staff "Are great, we have a laugh."
- Staff knew people well and it was evident from their interactions with people that positive relationships had been formed.
- Staff understood and supported people's communication needs. Staff spoke with people clearly whilst maintaining eye contact and where it was required they used none-verbal methods to communicate with people.
- People received their post directly and unopened.

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

- People and their family members were encouraged to share their views about the care provided.
- People had a choice of when they got up and went to bed.
- Regular care reviews gave people and relevant others the opportunity to express their views about the care provided and make any changes if they wished to.
- Family members confirmed they had been involved in supporting their relatives to make decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect on the majority of occasions.
- Staff provided people with personal care in private.
- People were supported to use their right to vote.
- Staff ensured that people's confidentiality was maintained. People's personal information was stored securely and only accessible to authorised staff. This was an improvement from the previous inspection.
- People were supported to maintain their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Since the previous inspection people's care planning documents had been fully reviewed and updated. This had been supported by a member of the organisations staff employed throughout the company to ensure people needs were fully reflected in their care planning documents. People were not always aware of their care plan being in place. We discussed this with the registered manager who told us that they would remind people that they could access their care plans at any time.

- Care and support delivered to people throughout the day was recorded. Not all of these records provided detailed information. In addition, a communal communication book was in use that contained entries relating to people's care and support. Not all of the information recorded was detailed or signed appropriately. We discussed this with the registered manager who made a commitment to make improvements in this area.

We recommend that the registered provider reviews their procedures in relation to the completion of records.

- Staff understood and applied the principles of person-centred care and support when supporting people. This was an improvement from the previous inspection.

- People's needs were identified, including those needs that related to protected equality characteristics. For example, reasonable adjustments were made where appropriate; the service identified, recorded, shared and met the communication needs of people living with a disability, dementia or sensory loss, as required by the Accessible Information Standard. Staff knew people well and how best to communicate to support their understanding.

- Staff were person-centred in their approach when speaking to and about the people supported.

- An activity member of staff engaged people in activities and people had a choice of whether they participated. This was an improvement from the previous inspection.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and accessible around the service. A record was maintained detailing complaints, how they were investigated, the outcome and any lessons learnt. A system was in place for the area manager to monitor all complaints made about the service.

- People and their family members knew how to make a complaint, or who they would speak to if they were unhappy about the service. The majority of people and their family members felt that action would be taken if they raised concerns about the service. One person commented that staff were "Quite responsive" when a concern is raised.

End of life care and support

- People were given the opportunity to record their specific wishes about how they wanted to be cared for at the end of their life. Where appropriate family members were involved in this planning.

- When required, people would be supported by local healthcare professionals to support them as they approached their end of life.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- A system was in place for the monitoring of quality and safety. Areas for improvement were identified through audits and action was taken to make any required improvements. This was an improvement from the previous inspection. However, the systems in place for the monitoring of quality and safety had failed to identify areas of improvement relating to records and the storage of equipment.

We recommend that the registered provider reviews their quality assurance and monitoring systems to ensure that they are effective in identifying all areas of improvement.

- The registered manager was clear about their responsibilities and had an understanding of regulatory requirements. They had notified CQC when it was required of events and incidents which occurred at the service.

- People and family members were confident in the registered manager and told us they could speak to them at any time.

- Policies and procedures to promote safe, effective care for people were available to staff. The service had recently implemented revised policies and procedures which staff were being encouraged to familiarise themselves with.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager demonstrated an ethos of person-centred care and support for people using the service and was working to further promote this with the staff team.

- The area manager and registered manager held regular meetings where they reviewed the service provided to people and planned for changes needed.

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

- The management team engaged people using the service, family members and staff through surveys and meetings. In addition, a suggestion box was available for people to post any suggestions they had to improve the service.

- The registered manager and staff sought advice and worked in partnership with others such as commissioners to ensure the best possible support for people.

Continuous learning and improving care

- The service worked with local initiatives to continually improve the service people received.

- The registered manager and staff received regular training and support for their role to ensure their practice was up to date and safe.
- Improvements were being made to the décor within the service.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.