

# Milton Keynes Council Orchard House

## Inspection report

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## Ratings

### Overall rating for this service

Requires improvement



Is the service well-led?

Requires improvement



## Overall summary

Orchard House is registered to provide personal care for people over 55 years old in their own homes and within sheltered accommodation. The service provides rehabilitation and re-enablement care, within 18 individual on-site flats, as well as rapid response care for people in their own homes during the night. At the time of our inspection 15 of the flats were occupied.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection on 2 February 2015, we found that the registered person did not have effective systems designed to enable them to regularly assess and monitor the quality of the services provided in the carrying on of the regulated activities. We found that the audit checks that had been completed were not always effective in

identifying the issues that we found or detailing the action that needed to be taken to address them. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following the inspection the provider sent us an action plan detailing the improvements they were going to make, and stating that improvements would be achieved by early August 2015.

This report only covers our findings in relation to the outstanding breaches of regulation. 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).

This follow up inspection took place on 24 August 2015 and was announced.

During this inspection, we found that improvements had been made to the audit systems in place within the service, to ensure that appropriate standards of record keeping and data management were in place, and

# Summary of findings

overviewed and monitored on a regular basis. We found that the systems in place had been strengthened which meant that any issues could be identified and addressed in a timely manner.

While improvements had been made which means that the service is no longer in breach of regulations, we have

not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for well- led at the next comprehensive inspection.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service well-led?**

This service had made improvements in respect of well-led.

We found that monitoring of quality assurance and audit systems had improved since our last inspection but required further time to become embedded.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for well led at the next comprehensive inspection.

**Requires improvement**



# Orchard House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service.

We undertook a focused follow up inspection of Orchard House on 24 August 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 2 February 2015 had been made. We inspected the service against one of the five questions we ask about services: Is the service well- led. This is because the service was not previously meeting legal requirements in relation to the well-led domain.

The inspection was announced. We gave the provider 48 hours' notice of the inspection to ensure that staff were available. The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service, this included the provider's action plan, which set out the action they would take to meet legal requirements. We checked the information we held about the service and the provider and made contact with the local authority to obtain additional information.

During our inspection, we spoke with the registered manager. We also looked at records relating to the management of the service, including quality audits to ensure that action had been taken to make required improvements.

# Is the service well-led?

## Our findings

During our inspection on 2 February 2015, we identified that people were put at risk because systems to assess and monitor the quality of care provided or to manage risks of unsafe or inappropriate treatment were not effective. Records and data management systems were in place; however there wasn't a clear audit or quality assurance process being regularly carried out by the manager. This was a breach of Regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

During this inspection we discussed with the registered manager the improvements that had been made since our last inspection. We were told and saw that a variety of new audit checks had been implemented, to ensure that more managerial oversight was given to certain aspects of service provision. This included a new medication auditing system, which had only recently been implemented to ensure that stock doses of medication could be reconciled against any medication bought in on admission to the service. Alongside this we found that policies and procedures had been reviewed to ensure that any medication errors were more robustly dealt with.

The registered manager also spoke with us about how they now worked in close conjunction with the manager of the sheltered accommodation they shared the service with. This meant that any issues could be addressed in a timely manner and that all parties benefitted from effective communication.

We found that since our last inspection, the registered manager had worked to review the whole inspection report and determine what actions needed to be taken to improve upon the areas we had identified. The registered manager

spoke of their desire to continue making improvements now that they had been in post for eight months. We saw that they were keen to deliver good quality care and introduce new systems and processes, to enable this to be delivered.

Action had been taken to ensure that quality assurance aspects had been incorporated into daily practice. We saw the multi-disciplinary team approach enabled people's care plans to be reviewed to reflect people's current needs. We also found that there was a protocol in place for the monitoring of pendant response times. Handover meetings were used to determine those people who called frequently. This information was used to identify any required changes to people's care plans. The registered manager and team leaders undertook random sample checks of the response records, which ensured that a constant level of service was provided. Other policies and procedures we reviewed, now showed a clear pathway for whose responsibility it was in respect of maintenance of the building and equipment.

As many of these changes had only just been implemented, they required more time to fully embed into staff practice. The registered manager acknowledged that further improvements could still be made within all quality monitoring processes in place. This would enable the service to drive future improvement and provide quality care for the people who used the service.

While improvements had been made we have not revised the rating for this key question which meant that the service is no longer in breach of regulations; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for well led at the next comprehensive inspection.