Sanctuary Care Limited

Orchard House Residential 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?	Good

Summary of findings

Overall summary

Orchard House Residential Care Home 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.

Orchard House Residential Care Home accommodates 35 older people in one adapted building. The home is divided into units, one of which specialises in providing care to people who live with dementia.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in post at the time of our visit. 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.

Staff knew how to respond to possible abuse and how to reduce risks to people. Lessons were learnt about accidents and incidents and these were shared with staff members to ensure changes were made. There were enough staff who had been recruited properly to make sure they were suitable to work with people. Medicines were stored and administered safely and regular cleaning made sure that infection control was maintained.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. Staff members understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received a choice of meals, which they liked, and staff supported them to eat and drink. They were referred to health care professionals as needed and staff followed the advice professionals gave them. Adaptations were made to ensure people were safe and able to move around the home independently.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and care records guided staff in how to do this. There was a variety of activities for people to do and take part in during the day, and people had enough social stimulation. Complaints were investigated and responded to and people knew who to speak with if they had concerns.

Staff worked well together and felt supported by the management team, which promoted a positive culture for staff to provide person centred care. The provider's monitoring process looked at systems throughout

the home, identified issues and staff took the appropriate action to resolve these. People's views were sought and changes made if this was needed.

Further information is in the detailed findings below

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Orchard House Residential Care Home

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 checked 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, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive (planned) inspection, which took place on 3 November 2017 and was unannounced. The inspection visit was carried out by two inspectors.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Before this inspection, the provider completed 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 contacted stakeholders, such as Healthwatch and commissioners, for their views of the home.

During our inspection, we observed how staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

We spoke with four people living at the home and three visitors. We spoke with six members of care staff, the deputy manager and the registered manager. We checked five people's care records and medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, staff recruitment, training and health and safety records.

Good

Is the service safe?

Our findings

The service remained good at safeguarding people from harm. People and relatives told us that they thought people were safe living at the home. They knew who to speak with if they were concerned about anything. There were processes in place to protect people from abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm, they had received training, they understood what to look for and who to report to. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. We saw from information before our visit that incidents had been reported as required.

The service remained good at assessing risks to people. One person told us how they were unable to walk without equipment and how staff reduced the risk of the person falling. Staff had taken action to reduce this risk. Staff assessed individual risks to people and kept updated records to show how the risk had been reduced. They told us they were aware of people's individual risks and our observations showed that they put actions into place. We found that environmental checks in such areas as fire safety and equipment used by people had also been completed.

Information we received before this inspection showed that the registered manager investigated incidents, such as possible harm. This showed that the appropriate actions were taken and there was ongoing monitoring to reduce the risk of incidents happening again.

Staff members had a good understanding of how to respond to people if they became upset or distressed. They were able to describe to us the possible reasons for this and the actions they needed to take to reduce the person's distress. Care records showed that there was clear information for staff regarding how they should approach the person if they were upset or distressed, and actions they should take if this occurred. We saw that staff put this guidance into practice; they changed their approach towards people or changed staff member if people's anxiety or distress increased. We concluded that staff managed behaviour that challenged or upset others well.

The service remained good at ensuring there were enough staff with the required recruitment checks to care for people. One person told us, "At night if I call them, they come quickly." Staff members told us that there were enough staff. One staff member said, "There are sufficient staff. It's not rushed, staff have time to talk with people." They went on to tell us that the registered manager tried as much as possible to use the home's own staff, rather than agency staff. This helped ensure that these staff knew people's care needs and were familiar with how they wanted to be cared for. There were systems in place to increase staff numbers if this was needed. During our visit we saw that there were staff members available in all areas of the home. They worked in a calm way; we saw that people were not rushed and call bells were answered promptly.

Staff members told us about the checks that had to be completed before they started working at the home. We looked at staff recruitment files and saw that satisfactory checks had been returned before staff worked with people. New staff completed induction training and shadowed more experienced staff so that they had an understanding of how to keep people safe while providing care and support.

The service remained good at managing people's medicines. People and visitors told us that staff helped people take their medicines. One person said, "Staff make sure I have taken my tablets." People who needed support with their medicines received this from staff who were competent to provide this. We observed that people received their medicines in a safe way and that medicines were kept securely. Records to show that medicines were administered were completed appropriately. Staff had completed assessments to show whether people were able to administer their own medicines and whether they wanted to continue to do this. Medicines were stored securely both when staff were administering and when they were being stored.

We looked at the cleanliness of the home and how staff reduced the risk of cross infection. One person told us, "[The home] is lovely and clean." However, a visitor said that sometimes seats that had become soiled after people sat on them, were not always cleaned straight away. We saw that the home was clean, although there were occasionally offensive odours. These odours dispersed throughout the day as the areas were cleaned. This included communal areas and most furniture in these areas had protective covers. We saw that both care and housekeeping staff used personal protective equipment, such as aprons and gloves. There was also different cleaning equipment for different areas in the home. Training records showed that all staff had received food hygiene training, while kitchen staff received additional training to ensure food was prepared properly. This showed us that processes were in place to reduce the risk of infection and cross contamination.

We saw that incidents and accidents were responded to appropriately at an individual level and information about these fed into broader analysis. For example, analysis of falls identified statistical information about the times of day, causes and underlying factors. Any actions to be taken as a result of learning from these events were documented. They included referrals to external agencies, such as the falls prevention teams. The registered manager confirmed that any learning as a result of accidents or incidents was discussed by the staff directly involved with the care of the person. Other staff were also made aware of changes overall through individual and group meetings.

Good

Is the service effective?

Our findings

A needs assessment was carried out before people started to live at the home and we saw that additional information from health and social care agencies were also obtained. This allowed the registered manager and staff to assess the person's needs and whether they had staff with the skills and experience to meet those needs. We saw that people living at Orchard House Residential Care Home had varying levels of cognitive ability and that staff worked effectively to manage all of their needs. People were provided with the level of support appropriate to their needs. This included the use of technology to support their mobility needs. For example, where people were able to physically mobilise but this put them at risk of falling, equipment was in place to alert staff so that they could provide support in a timely way.

The service remained good at providing staff with training and support. Visitors told us they thought staff were adequately trained. One visitor commented, "Staff talk to us and tell us about their training. It's very reassuring." Staff told us that they received enough training to give them the skills to carry out their roles. One staff member commented that training in dementia awareness "gave me a lot of insight into people and their life with dementia." Staff also told us that they were able to spend time shadowing other staff and getting to know people before starting in their permanent roles. Staff training records show that staff members had received training and when updates were next due. Our observations showed that staff assisted people appropriately and where required, used equipment in the correct way. We were therefore satisfied that staff members followed the training they had received.

Staff members confirmed that they received support on a regular basis. One staff member went on to explain that they could discuss issues with the management team and request additional training. This gave them the guidance and support to carry out their roles.

The service remained good at providing people with enough to eat and drink. One person said, "The food is good, very good." Another person commented that, "Staff give me a choice of food. I haven't had any issues." A visitor told us, "The food is excellent and the kitchen is superb." We observed that refreshments were offered throughout the day and people were offered an aperitif before their meal. Staff talked about the menus with people and showed people the available meals so that they could choose what they would like. We saw that people were properly supported with eating and drinking. Staff monitored people at risk of not eating or drinking enough and took action to reduce this. This included referring people to health care professionals such as dieticians or speech and language therapists.

Staff told us that they worked with health and social care professionals that people had been referred to. One staff member told us how they had contacted a health professional about one person's medical condition shortly after they had gone to live at the home. The had worked together to identify the cause of the temporary change and this had ultimately resulted in a more stable medical condition for the person.

The service remained good at ensuring people had advice and treatment from health care professionals. One person told us that they could see their doctor when they needed to and another person said, "I get to see the district nurse. Oh yes, the staff get health care if I need it." A visitor also confirmed that, "Any

healthcare requested is provided." People's care records showed that they had access to the advice and treatment of a range of health care professionals. These plans provided enough information needed to support each person with their health needs.

The home is a purpose built property with two floors to accommodate people living there. A lift is in place for people who are unable to use the stairs to move between floors. Our observations and conversations with people, visitors and staff showed that people were able to access the courtyard garden when they wished. Adaptations had also taken place to provide hand rails in toilets and bathrooms, as well as signs to identify these rooms.

People who lack mental capacity to consent to arrangements for necessary care can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service remained good at ensuring people were able to make their own decisions for as long as possible. One person's visitor said about their relative's tendency to decline help with personal care, "But this is Mum's choice." Staff showed us that they had a good understanding of the MCA and worked within its principles when providing people with care. Staff completed mental capacity assessments and could access guidance to show the help people needed to make sure they were able to continue making decisions.

Good

Is the service caring?

Our findings

The service remained good at caring for people. One person told us, "They are gentle and kind. I can't praise them enough, I don't know how they do it." Another person said, "They are definitely kind." A visitor told us how they were impressed by the staff who, "went the extra mile" to support their relative.

We saw that staff were kind and thoughtful in the way they spoke with and approached people. This was designed to put people at ease and we saw that staff achieved this by considering their actions first. They faced people, spoke directly with them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person. In turn, we saw that people usually responded to this attention in a positive way. When people became distressed, staff members had a range of actions that they could take and we saw that these differed to suit different people.

We found that staff knew people well and that they were able to anticipate people's needs because of this. They knew what people would do, although they continued to make sure people were able to make their own decisions. One person told us, "I can choose what time I like to get up, what to eat." A visitor told us how they were involved in their relative's life and how this had a positive impact on their loved one. Staff had arranged for a piano to be put in the person's room as they were used to playing at certain times of the day. We saw this during our visit and how settled the person was when they were playing. They also described how a social media site had been developed for people and relatives, so that they could keep up to date with each other and events in the home. The visitor told us that this provided them with a strong sense of support.

We saw that staff members told people what they were going to do before doing it, which meant that people were not suddenly surprised and they were able to indicate if they were not happy for staff to continue. We also saw that people were made aware of those close by so that they were not startled if people were not in their direct eye line. Staff also knew people well and for those people who were less able to verbally tell staff what they needed or wanted support this had a positive effect. Staff described the circumstances under which they would ask people if they wanted support. We saw that staff had enough time to spend with people. For one person, this meant that a staff member looked through a book of old photographs from the person's childhood home with them. The person was able to tell the staff member briefly about the buildings and shops that had been present when they were young. There was information about advocacy services at different locations throughout the home, so that people could look at these when they wanted.

The service remained good at respecting people's right to privacy and to be treated respectfully. One person told us, "I never have any problems with dignity." This was evident in the way both the registered manager and staff spoke and interacted with people. We saw this in practice when people were helped from one area of the home to another. Staff checked to make sure people's clothing was straight and suggested quietly to people when and if they needed to have personal care. Staff members received training in key areas that supported people's right to respect and dignity. This included specific training in dignity awareness, in equality and diversity and in dementia awareness.

People and their visitors told us that they could visit throughout the day. One person confirmed this by saying, "I can have visitors at any time." We saw that visitors were welcomed throughout the duration of our visit to the home.

Good

Is the service responsive?

Our findings

The service remained responsive to meeting people's needs. People told us that they were happy living at the home. One person told us, "I enjoy it here." Two other people said they had been involved in the development of their care plan. One of these people pointed to staff members and said, "They go through my care plan." A visitor told us that they were able to discuss their family member's care with staff.

Staff had a good knowledge of people's needs and could clearly explain how they provided support that was individual to each person. Staff were able to explain people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes. One staff member told us, "I love to learn people's life stories. Sometimes I learn new information, which I add to the care plan."

We looked at people's care plans and other associated records. All files contained details about people's life history, their likes and dislikes, what was important to each person and how staff should support them. Plans were written in enough detail to guide staff members care practice and additional care records were also completed. Information about people's lives provided detailed histories that were set into sections of their life; middle age, later years, hobbies, young adulthood and childhood. This provided staff with a timeframe for people's memories and a guide to the time of their life people with dementia were living in.

Plans for the care of more individual needs, such as for behaviour that may challenge or upset others, were written in detail. These provided clear guidance regarding changes in people's behaviour, what might precede this and actions staff could take to reassure and calm the person. Staff we spoke with had a very good understanding of people's needs in this area. We saw the care plans were reviewed on a regular basis and if new areas of support were identified, or changes had occurred. Daily records provided evidence to show people had received care and support in line with their support plan. We spoke with one visitor who felt that staff were well prepared caring for people who lived with dementia. They told us, "They get it right," when explaining how staff supported people with memory problems.

People had access to a variety of activities that staff supported them to take part in. A visitor told us, "[The activities coordinator] is fabulous. Very, very good with people, she has been a breath of fresh air. [She] finds things for mum to do." They went on to describe how this staff member encouraged people to keep up with current affairs and spent time with people individually to boost conversation. One person also told us, "I like sitting and reading," which they were able to do in many parts of the home. Visitors told us that their relatives liked to go into the courtyard garden as staff had put in areas that reminded them of their own garden, and this gave them a sense of calm. There were staff members constantly present in communal areas and this helped people to do what they wanted and choose where to spend their time.

A day centre was also run by staff working at the home. People living at the home were encouraged to attend the day centre, which was also attended by people living in their own homes. One visitor told us that having this facility was, "like a breath of fresh air goes through the place." This provided people with the opportunity to speak and mingle with people they may have known before moving to the home, and to develop new relationships outside the home.

The provider told us before our inspection that staff at the home used assistive technology to help people maintain their independence. They did this by providing pendant alarms for people who wanted to go outside by themselves. We also saw that other technology, such as sensor mats were used to allow people to continue independently walking but which alerted staff, so that they could ensure the person's safety.

The service remained good at managing complaints. People told us they would be able to speak with a member of staff or the registered manager if they had a concern or wished to raise a complaint. One visitor told us this and also quickly added, "I haven't had to complain." Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner. There were copies of the home's complaints procedures in several communal areas around the home, so that people and visitors did not have to ask for it. We saw that complaints had been investigated within 28 days and records were kept to show how this was completed.

People had their end of life care wishes recorded as part of their initial assessment, where they were happy to discuss this with staff. Information was recorded about preferences for such things as where people wanted to be and what they wanted to happen after they died. The registered manager told us that people and their family or loved ones were given the opportunity to be involved in any decisions about the person's care. They were able to speak with a visiting GP about their expectations and wishes. This also provided them with the opportunity to discuss how pain could be managed and plan the best option for the person. District nurses were also automatically involved and provided equipment for medicines administration so that people did not have to wait.

The registered manager advised that there were regular religious services at the home and people were able to discuss these preferences and make arrangements with religious leaders they knew. Staff also provided support to people's families and loved ones during this time, and following the person's death. The registered manager recognised that it was often a very stressful time for close relatives who had to manage other people's desire to visit and say goodbye. The home had a good relationship with local funeral directors and kept in touch with them to ensure people continued to be treated with dignity.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was available during our visit to Orchard House Residential Care Home. 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.

The registered manager was supported by a deputy manager, care staff and ancillary staff. We saw that people and staff knew who they were due to the visible presence they had around the home. One person told us, "They're very good to me, I do very well here." A visitor told us, "I have confidence in the management team," when we spoke with them about the registered manager and the staff they employed. They went on to describe how a new senior staff member had been introduced to people slowly to ensure people were comfortable with the appointment. Another visitor said, "The management of care is excellent." They went on to explain that the staff were good at their role but there were some staff who went further in caring for people. A staff member explained, "We have the same goal to help people live as happy and comfortable a life as possible." They went on to say about the registered manager, "I am never left to feel alone since [registered manager] came. She is a people person … always asks if we need help or emotional support."

The provider told us before our visit that they encourage staff to take part in all aspects of running the home and that they welcomed feedback, both positive and negative, so that improvements could be made. Staff told us that had a number of opportunities, such as staff meetings and handover meetings, to discuss the running of the home. They were supported by senior staff and felt they could discuss any issues or concerns they had with them. Staff were further supported in supervision meetings, where they were able to discuss their performance.

People and visitors told us they were asked their views of the home and the care people received. We saw that the views of people, their relatives, staff and visiting health care professionals were obtained on an annual basis through a questionnaire or through meetings. The information was then collated and a summary of the findings made available. The most recent responses showed a very high overall satisfaction rate of 98%. There were also regular meetings for relatives and staff to attend, so that they could hear about any plans and discuss any concerns. A staff member told us, "The registered manager comes in for staff on nights, so that we can share [the information]." A whistle blowing policy was available and staff told us they were confident that they could tell the registered manager something and it would be dealt with. They also confirmed that they had received training on whistle blowing. This meant that the organisation was open in their expectation that staff should use this system if they felt this was necessary.

The service remained good at assessing and monitoring risks to people and the quality of the service. The registered manager used various ways to monitor the quality of the service. These included audits of the different systems around the home, such as infection control and the care records. The audits identified issues and the action required to address them. We also saw that the registered manager carried out an

audit similar to the CQC key lines of enquiry each month. These also identified issues and the actions required to improve any shortfall, but it also examined each area from a quality perspective as well as quantity. For example, not simply whether a form or record had been completed but also the level of detail included.

The registered manager monitored accidents and incidents and we could see that staff took appropriate actions to reduce reoccurrences. A trends analysis was completed, such as whether falls occurred more frequently at one time of day.

Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority safeguarding team. We saw that the home contacted other organisations appropriately and in relation to safeguarding, investigated the issue and took action where this was required. We contacted the local authority contracts monitoring team who confirmed that they had not had reason to visit the home for over 18 months. Information was available around the home about health care professionals who visited regularly, their roles and how they supported people at the home. We saw that information was shared with other agencies about people where their advice was appropriate and in the best interests of the person.