

Milkwood Care Ltd

The Orchard

Inspection report

Ganarew
Monmouth
Gwent
NP25 3SS

Date of inspection visit:
08 December 2017
12 December 2017

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08 March 2018

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

This was an unannounced inspection visit carried out on the 8 December 2017, with a further announced visit on 12 December 2017.

The Orchard is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates 14 people in one adapted building. At the time of our inspection there were 9 older people living there.

There was no registered manager in post at the time of our inspection. 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 current home manager told us they were in the process of applying for registration with CQC.

This service was first registered with CQC in December 2016, and therefore had not been previously inspected.

The provider had systems in place to monitor the quality of care people received. Staff spoken with had a good understanding of people's care needs. Risk assessments were in place and care plans had mostly been updated to ensure they reflected people's current care and support needs.

People together with their relatives told us they or their family members were safe living at The Orchard care home. Staff were able to tell us of the risks people faced and the action they took to support them and keep them safe.

People and relatives consistently told us there were sufficient numbers of staff available to meet their needs. The provider followed safe recruitment practices that ensured those staff who were providing care were suitable to be working at the home.

There were suitable arrangements in place for the safe management and administration of medicines.

Staff spoke favourably about the training and support they received.

People had access to healthcare professionals to make sure they received effective treatment to meet their specific needs.

People's dietary requirements were assessed and appropriate care plans and risk assessment were in place.

Staff treated people with respect and promoted their independence. Staff actively involved people and their relatives in decisions about their care

People felt comfortable raising any concerns or complaints with staff or the management team and believed they would be listened to.

There was an open and inclusive culture within the home. People and staff felt that the manager was approachable and supportive.

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.

People were protected from abuse and harm.

Risk assessments were in place for each person, which provided guidance on reducing risk and keeping people safe

The provider ensured there were enough staff on duty to meet people's needs. The provider carried out appropriate checks when recruiting new staff.

Staff followed medicines management procedures to ensure people received their medicines safely.

The home was clean and well-maintained.

Is the service effective?

Good ●

The service was effective.

Staff had received training to give them the skills and knowledge to meet people's needs.

Staff received regular supervision, and felt valued and supported by the provider.

Staff obtained consent before delivering any care or treatment.

People's dietary requirements were assessed and appropriate care plans and risk assessments were in place.

The home was clean and spacious.

People were supported to access healthcare from other professionals.

Is the service caring?

Good ●

The service was caring.

Staff were caring and compassionate with people.

People were involved in determining the care and support they received.

Staff treated people in a dignified and respectful manner.

Is the service responsive?

The service was responsive.

Staff had a good understanding of people's care needs and how they wished to receive their care.

People were stimulated in both group and individual activities.

People knew how to complain and share any concerns they had about the care provided.

Good ●

Is the service well-led?

The service was well-led.

The provider had systems in place to monitor the quality of care people received.

There was an open and inclusive culture within the home.

People and staff felt that the manager was approachable and supportive.

The home continuously learned to improve and ensure sustainability

Good ●

The Orchard

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 an unannounced inspection visit carried out on the 8 December 2017, with a further announced visit on the 12 December 2017. The inspection was carried out by one inspector.

Before the inspection visit, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the provider had sent us. Healthwatch are an independent national champion for people who use health and social care services. A statutory notification is information about important events, which the provider is required to send to us by law.

As part of the inspection, we spent time with people in the communal areas of the home and spoke with four people who used the service, and five relatives. We also spoke to a visiting health care professional, who provided us with information regarding their engagement with the home.

We reviewed a range of records about people's care and how the home was managed. We looked at four care records, medicine administration records, personnel records and records relating to the management of the service.

We spoke with the home manager, three members of care staff, the activities coordinator, the cook, and the maintenance person.

Is the service safe?

Our findings

People together with their relatives told us they or their family members were safe living at The Orchard care home. One person told us, "I do feel safe living here. Staff are always available. I press my call-bell and they come straight away. The place is very calm." Another person said, "I do feel safe as I know I'm well looked after and cared for." One relative told us, "We are very pleased with the home. I believe my relative is safe living here and I believe the care they get is also safe." Another relative told us their loved one, who was very independent, was as safe as they could possibly be.

Staff told us they had received training in how to protect people from harm and abuse. They were able to describe different signs of possible abuse and what action they would take if they suspected people were being mistreated. Staff told us they were confident that if they reported any concerns, the appropriate action would be taken by the home manager. The home manager understood their responsibilities in reporting any potential concerns in line with local safeguarding procedures.

The provider had appropriate recruitment procedures in place, which ensured staff were suitable to support people who used the service. Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained. A DBS check is a legal requirement and is a criminal records check on a potential employee's background. The provider checked potential staff's previous employment history, their identity and obtained work and character references about them. These checks helped to ensure that potential new staff were suitable and safe to work with people.

Staff were able to tell us of the risks people faced and the action they took to support them and keep them safe. Staff told us that there were risk assessments in place for each person, which provided guidance on reducing risk and keeping people safe. These included mobility, nutrition, medication and skin integrity. Individual risk assessments had identified the actions to be taken by staff to reduce the risk, which included how to support people at risk of falls. One relative told us their family member experienced falls while living at their own home, however since being at the care home falls had been reduced. They described their relative as active, but was always supported by staff to ensure they were safe. One member of staff said, "There are a few people who are at risk of falls, but we minimise people falling by supporting them when they mobilise, and ensure there are no hazards. Most people are quite independent though." Staff told us that following any incidents or accidents they would complete an incident/ accident form and submit to the home manager. These forms were then looked at by the manager to identify whether any further action was required to prevent further incidents, or whether any suitable referrals to health professionals were required.

We asked staff how they managed people's behaviour that was challenging. Staff were able to tell us how they would manage any incidents of behaviour that was challenging, such as distraction or allowing people to have space to calm down. However, we were told that most people were independent and such behaviour was rare at the home.

People and relatives consistently told us there were sufficient numbers of staff available to meet their needs. One person said, "Staff are very professional and nice, which is how it should be. I have never had to wait for

a response with the call-bell. There is always enough staff in my view." Another person told us that staff always had time to sit and chat. One relative told us, "Staffing used to be a bit thin on the ground, not any longer though." Another relative told us that staffing levels were good, with no current concerns. They said things had improved from earlier in the year when the home was without a manager for a short period of time, and at that time, felt staffing was stretched. One visiting health professional told us that staffing levels were always more than adequate, and they were always able to provide support during visits. Staff also told us staffing levels did not present any concerns. One member of staff said, "Absolutely no concerns about staffing levels. We are a really small home and have a number of people who are very independent."

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure they administered medicines safely. As part of our inspection we looked at medication administration records belonging to people who used the service. These records were complete and up to date. The provider mainly used a 'blister pack' system for people to store their medication. 'Blister pack' is a term for pre-formed plastic packaging that contains prescribed medicines and is sealed by the pharmacist before delivering to the service. The pack has a peel off plastic lid and lists the contents and the time the medication should be administered. We found all medicines were stored securely. Where medicines required cold storage, daily records of temperatures were maintained. Staff told us and we saw that they had received training in administering medication and had their competency checked by the provider.

Controlled drugs (prescription medicines that are controlled under the Misuse of Drugs legislation) were stored as per legislation. They were stored in a locked storage unit. We saw a controlled drugs register was signed and countersigned by staff confirming that drugs had been administered and accounted for. We undertook a stock take of controlled drugs with a member of staff and found them to be accurate.

The Orchard is a brand new purpose built care home, which was opened in the last 12 months. One person described the home as being "spotlessly clean." The areas of the home we visited were spacious and clean. We saw staff wearing personal protective equipment (PPE), such as gloves and aprons throughout our visit. Staff were able to demonstrate a good understanding of infection control practices and were supported by separate housekeeping staff. The provider also undertook regular checks and audits in support of good infection control practice.

Is the service effective?

Our findings

We looked at the training staff received to ensure they were fully supported and qualified to undertake their roles. People and relatives told us they felt staff were skilled and competent. One person told us, "Staff seem very professional and know what they are doing. They seem well-trained in my view." A relative told us, staff seemed well trained and knew the needs of their relative. Another relative said, "I do feel staff are competent and well trained and it does appear that there are regular training sessions happening, which is good."

Staff spoke favourably about the training they received, which involved an external trainer in a classroom environment. The manager told us new staff undertook a six month training and 'shadowing' programme, which included the completion of the Care Certificate. This is a nationally recognised qualification in social care. One member of staff told us they thought training was "brilliant," as they were encouraged to consider their specific training needs. Another staff member told us that the provider created a "relaxed and an excellent learning environment." They told us that they were also the moving and positioning assessor for the home, which meant organising training and assessments for staff. Training was provided on subjects such as first aid, moving and handling, MCA/DoLS, fire safety and medication.

The manager told us that following an induction, staff received annual refresher training. However, from records we were shown not all staff had either received or completed their refresher training. For example, one member of staff told us they had not received any training in the Mental Capacity Act (MCA), which they told us they would welcome. All other staff had received this training. We spoke to the manager about the gaps in the training records we saw. They told us they were currently reviewing staff training needs and would ensure annual refresher training had been undertaken.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Apart from one member of staff, the remainder we spoke with confirmed they had all received training in the MCA. Staff we spoke with were able to explain the principles of the MCA legislation and tell us whether people were subject of an approved DoLS and any relevant conditions they needed to be aware of. Throughout our inspection, we observed staff seeking consent from people before delivering any care or treatment such as medication, personal hygiene or support with eating. This interaction was patient and kind.

Staff were able to demonstrate a good understanding of each person's needs and the care and support required. People had access to healthcare professionals to make sure they received effective treatment to meet their specific needs. Care plans contained professional communication records, which detailed

engagement with other health care professionals such as GP's, Parkinson's nurse and district nurses. One health care professional told us, they found it a positive experience visiting the home. Staff were knowledgeable about people and sought advice appropriately.

We found that people's dietary requirements were assessed and appropriate care plans and risk assessments were in place. We asked people what they thought about the food available. One person told us, "The food is satisfactory, I get plenty to drink and eat here." Another person said, "The food is good. I have plenty, never hungry." One relative told us the quality of food was excellent with alternative choices if required. Another relative said, "On the whole the food and drink are good. They do try to meet needs. There is always a menu, not much choice though. Alternatives are available and I have seen residents being provided with options."

The home was a new purpose built facility, it was spacious with communal areas such as a dining room and lounge. There was also a large garden area people could frequent in better weather. People could choose where they wanted to spend time with relatives, either in communal areas or in the privacy of their rooms.

Is the service caring?

Our findings

We asked people what they thought of the care provided. One person said, "The staff are very nice, anything you want, it's no trouble. They always knock on your door, they are very respectful and considerate." Another person told us, "Staff are very kind and thoughtful. They are very helpful and responsive. They are lovely." A third person told us, staff were very respectful and never made them feel embarrassed or uncomfortable when being supported with personal care. One relative told us, "I think the level of care offered is exceptional. The staff are well qualified and very capable. I feel [relative] is safe and very well cared for and that the care is person-centred. They [relative] benefits from the home having a relatively small number of residents." Another relative said, "Staff are very respectful and caring. I have never seen any issues, they [staff] are very caring for people. They look after [relative] very well and meet their needs."

Throughout our inspection, where we observed interaction between staff and people who used the service, it was kind and caring. We witnessed a very caring environment where people were well cared for. Staff were kind and patient when they interacted with people. People were offered choices in support of their individual wishes and preferences. People and their families were able to make choices about the care and support they received. For example, people were able to make choices about their mealtimes and personalising their bedrooms, which contained personal belongings, and pictures.

People who used the service told us that their dignity and privacy was always respected. We asked staff how they respected people's dignity and privacy. One relative told us that staff were incredibly caring and very respectful. Staff told us they respected people's privacy and dignity at all times. We saw staff knocking on doors before entering people's rooms and ensuring people were appropriately dressed. Staff told us of the importance of respecting people's chosen beliefs, individuals lifestyle choices and to respect each others individuality. They told us mandatory training was provided in this area.

People told us the care provided reflected their or their relative's wishes. On the whole, people and relatives told us they were actively involved in determining their or their loved one's needs, which were respected and listened to by the provider. One relative told us, "On the whole, I am involved and they ring me often to let me know of anything, such as visits by district nurses." Another relative said they felt very involved in their relative's care. They were often consulted and staff always gave them an update on how their relative had been. One relative told us, "I do feel involved and consulted, though there is some room for improvement. I have mentioned a more regular update via email for news, from the home would be welcome. Also, perhaps a more formal, scheduled care (plan) review would work well. The management team are very approachable and professional so overall I have no major concerns." One member of staff told us that people and families were involved in reviews of care as much as they could. This was an opportunity to ensure the provider was meeting people's needs and whether any changes were required.

Is the service responsive?

Our findings

People told us staff were responsive to their needs and listened to what they had to say. Staff spoken with had a good understanding of people's care needs and care plans mostly reflected how people's needs were to be met. This included information about people's preferences in relation to how their care was delivered to meet their needs. However information in people's care records was not always reviewed to reflect any possible changes in their needs. For example, a person had experienced a fall that had not been reflected in their care plan and risk assessment. This information should have been used to enable the provider to consider whether any changes were required in the person's care needs. However, staff confirmed there had not been any changes required in relation to the person's care and support needs. We found that a 'Who am I' section in each care file had not always been fully completed. This meant staff may not be provided with person centred information about the people they supported. We spoke to the home manager about these issues who told us immediate steps would be taken to address these omissions.

No one was receiving end of life care support at the time of our visit and we saw that some people's wishes in relation to this had been discussed with them where appropriate and recorded in their care plan. The home manager told us that staff had previously received training on palliative care and they intended to arrange further training.

Staff were aware of the need to demonstrate sensitivity and consideration about issues around equality, diversity and human rights. Staff told us they also believed the provider was very progressive about lesbian, gay, bi-sexual and transgender (LGBT) issues, in respect of both people and staff. One member of staff told us that the home manager promoted diversity issues, they were an 'open book' and very supportive of staff in respect of these matters. The home manager told us they would support LGBT residents with a non-judgemental approach and endeavour to ensure equal opportunities and choices for all. People would be encouraged to live their lifestyle as they choose and to be the person they choose to be. Equality, diversity and human rights would be introduced into staff supervisions and appraisals and would be a standing item on daily meeting. We were told training was mandatory for staff, which was provided by an external training provider.

On the whole, people were supported with interests and social activities. Most people told us they were happy with the level of stimulation and encouragement they received to pursue their interests. One person told us, "We do go out a lot. They do go to the trouble of taking us out and I'm really pleased once I've done it." A number of people told us they were aware of organised activities, but chose not to be involved. One relative told us that following the appointment of a designated activities coordinator, they thought stimulation and activities were good. Their relative was supported to go outside for regular walks, which they enjoyed. Another relative said, "Our relative doesn't really want to do things, but they do go out on trips and a lot more is happening in the home since the appointment of the activities lady."

One relative told us that their family member had only been outside once since coming to the home and had lost their independence as a result. As a family they did not feel their relative received sufficient stimulation to maintain their independence and their condition had deteriorated since coming to the home.

We spoke to the home manager about these matters, who stated they were aware and were working closely with the family to address their concerns.

We spoke to the activities coordinator, who explained how they engaged with people on a one to one basis and maintained records of such encounters. They believed taking people out for walks worked well for most people, however, some people chose not to get involved. Organised trips and events were arranged for people on a regular basis, to garden centres, river trips and a local farm.

People told us they felt comfortable to raise any concerns or complaints with staff or the management team and they would be listened to. We saw that the provider had a system in place for dealing with complaints, which enabled the manager and provider to review any complaints and identify actions and lessons learnt. People told us they felt listened to and had completed questionnaires and attended resident and family meetings, where issues were raised and discussed. One relative said, "The manager is very approachable and very good. If I'm not happy with anything, they address it straight away. They do listen and act." Another relative told us, "They [staff] are very responsive to any concerns we have. When I have raised issues the manager listens and takes on board any concerns, and gets them sorted." The home manager told us that from meetings, feed-back and questionnaires, they identified 'what they do well' and 'where we need to improve.' All residents and relatives were invited to and included in all house events.

Is the service well-led?

Our findings

Most people told us the service was well-led and they received the support they needed. They knew the manager who was friendly and approachable. People told us staff were directed effectively when providing their care. One person told us, "The manager is always available." Another person said, "The manager is very effective and knows what needs to be done." One relative said, "The home seems well-run and efficient. I have no concerns."

Staff told us the culture of the home was open and transparent. They were confident that they would be listened to by the home manager and provider if they raised any concerns. One member of staff said, "The manager is approachable, listens and makes us feel part of a team. We have lots of staff meeting and daily handovers. It's a great place to work. The manager even ensures we [staff] have our fair share of trips out with people, which is often." Another member of staff told us, "You can certainly be open and transparent. The manager is absolutely wonderful and would do anything for residents. The home is now beginning to take shape with the residents here. Everyone feels comfortable and is made to feel welcome." Throughout our inspection visit, we saw the home manager engaging with people and staff. The atmosphere was relaxed and calm throughout our visit. There was a clear management structure in place and staff were aware of their roles and responsibilities.

The new home manager had been in post for four months at the time of our inspection visit, and confirmed to us their intention to register as registered manager of the home. They told us they were in the process of applying for registration with CQC.

The home manager explained how they endeavoured to continuously learn and improve their service. This was achieved through regular meetings with people, relatives and professionals. All concerns were documented and investigated. The manager provided an example of where concerns raised led to improved practices. It related to a lack of effective communication, both written and verbal within the home. As a result, the manager implemented new procedures, which included a more comprehensive handover, reading of the diary and communication book out loud, and ensuring people's belongings were labelled. If people choose not to adhere to this labelling practice, then a signed disclaimer would be obtained to protect all parties involved. An inventory had also been introduced to record all belongings of people, which was signed by people or their advocate.

The provider had systems in place to monitor the quality of care people received. These included regular quality checks and audits such as medication, infection control and fire safety.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. As we had not received any notification from the service we checked to confirm this was accurate. The home manager was fully aware of their responsibilities in respect of statutory notifications and confirmed that no submission had been required.