

Buckland Care Limited

The Orchards Residential Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

About the service

The Orchards Residential Home is a residential care home providing personal and nursing care to 43 people aged 65 and over at the time of the inspection.

The Orchards Residential Home accommodates 44 people in one adapted building. The home supports people with a range of needs and includes people living with dementia.

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

Medicines were not always managed safely. The registered manager took prompt action to address the issues found. Systems and processes were in place to keep people safe and risks associated with people's care needs were assessed and managed. There were sufficient staff to meet people's needs. There were effective recruitment processes in place to ensure staff were suitable to work in the service. The service was clean, and there were procedures in place to minimise the risks associated with cross infection.

The registered manager promoted a positive, caring culture which was evident across the whole staff team. People were positive about the staff and told us everyone was "Like one big family." People and staff felt valued and listened to.

People enjoyed living at The Orchards and benefitted from a wide range of activities which were planned to ensure they met people's individual needs. Care plans were person-centred and reflected people's preferences. Care plans related to end of life care were being developed. There were effective systems in place to investigate and respond to complaints.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People enjoyed their meals and received food and drink to meet their needs. Staff had the skills and knowledge to meet peoples' needs and were well supported. People were supported to access health professionals when necessary.

The registered manager was committed to continuous improvement. There had been significant improvements in the service and feedback showed the improvements had been driven by the management team. There were a range of effective systems in place to monitor and improve the service. People, relatives and staff were involved in the service and felt valued for their contribution.

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

Rating at last inspection

The last rating for this service was requires improvement (published 13 September 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Orchards Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Orchards Residential 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We reviewed the local Healthwatch report. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and 5 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, area operations manager, deputy manager, team leaders, care workers, activity staff, housekeeping staff and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant 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.

Using medicines safely

- Medicines were not always managed safely. Where people were prescribed 'as required' medicines there was not always protocols in place to guide staff when the medicines were required. We could not be sure people would receive the medicines when required.
- Medicine administration records (MAR) were not always fully completed. However, balances of medicines showed people had received their medicines.
- Where people were prescribed topical medicines there was not always guidance for staff relating to where and when the medicines should be applied.
- Staff had completed medicines training and their competencies had been assessed to ensure they had the skills and knowledge to administer medicines.
- Following the first day of inspection, the registered manager sent a clear action plan detailing the actions they had taken to address the issues identified. On the second day of the inspection we saw these actions had been completed and additional systems were in place to ensure the safe management of medicines.
- A health professional who supported the service with the management of medicines stated they were working closely with the service to improve the systems and told us the service was responsive to advice given.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "Yes, I feel safe. They are very caring people. I would definitely speak up if I didn't feel safe".
- The provider had a safeguarding policy and procedure in place. Where concerns had been raised the registered manager had taken action to investigate and had involved external agencies where needed.
- Staff had completed training relating to the protection of people from harm and abuse. Staff we spoke with had a clear understanding of their responsibilities to report any concerns. Staff were aware of the outside agencies they could contact if needed.

Assessing risk, safety monitoring and management

- Care plans contained a range of risk assessments which included risks relating to: pressure damage, falls, nutrition and ability to use the call bell. Where risks were identified there were plans in place to guide staff in how to manage the risks. One person was assessed as at high risk of falls. The care plan guided staff to ensure the sensor mat was in place and the person was prompted to use their walking aid.
- People were supported to take positive risks. One person's care plan identified they preferred not to use the lift. The risk assessment and care plan identified how staff would support the person to continue to use the stairs as safely as possible.

- There were systems in place to ensure the premises and equipment were maintained and safe to use. This included monitoring of fire systems, water systems and lifting equipment.

Staffing and recruitment

- There were sufficient staff to meet people's needs. One person told us, "Oh gosh I think so (there are enough staff). Yes, they get to me quickly."
- Throughout the inspection we saw staff responded to people's needs in a timely manner. Call bells were answered promptly.
- Staff told us there were enough staff. One member of staff said, "Absolutely enough staff. We have bank staff now so there is always cover."

Preventing and controlling infection

- People were protected from the risk of infection. Staff had completed training in infection control and followed good practice. One relative told us, "They do use gloves and aprons for personal care."
- The home was clean and free from malodours. People told us their rooms were cleaned regularly. One person told us, "Yes, my room is nice and clean. Very good actually."

Learning lessons when things go wrong

- All accidents and incidents were recorded and reported. Records showed that appropriate action was taken to minimise the risk of reoccurrence. For example, where people experienced falls, referrals were made to health professionals to identify any additional support measures.
- The registered manager had systems in place to monitor accidents and incidents. Systems enabled the registered manager to look for trends and patterns relating to individuals and across the service. This resulted in learning to enable improvements in the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them moving to the service. These assessments were used to develop a care plan that reflected current guidance and standards. For example, people's oral healthcare needs were assessed, and care plans detailed how those needs would be met. This was in line with the National Institute for Health and Social Care Excellence (NICE) guidance, 'Improving oral health for adults in care homes.'

Staff support: induction, training, skills and experience

- People were supported by staff who knew them well. One person told us, "Yes, they are knowledgeable."
- Staff were positive about the training they completed and that it gave them the skills to carry out their roles. One member of staff told us, "I've done the Care Certificate and have just finished my level two Dementia certificate. It was really good and reminds you why you do the job." The Care Certificate is a set of nationally recognised standards social care workers need to adhere to in order to ensure good practice.
- Staff were supported through regular supervision and an annual appraisal. One member of staff said, "(Line manager) is lovely, very supportive."

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

- People enjoyed their meals and were positive about the food they received. One person told us, "Absolutely brilliant. Couldn't ask for more."
- The chef was present during mealtimes and clearly knew people well. People were offered alternatives if they did not like the options available. The chef visited all new people when they moved into the service and ensured they found out their likes and dislikes.
- People's dietary needs were met. Where people required support to eat and drink this was provided in line with their assessed needs.
- The registered manager had systems in place to monitor people's weights and where they were at risk of weight loss appropriate action was taken to manage the risk..

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

- People were supported to access health and social care professionals when needed. This included access to; GP, Occupational Therapist, Dementia and Later Life Liaison Team and Social Workers.
- People and relatives were confident people would be referred for additional support if needed. One relative told us, "[Person] has seen GP when needed and had a full health check when moved in."

- Where advice and guidance were given relating to people's health and social care needs, we saw this was recorded and followed. One person had been reviewed by the occupational therapist following a fall. Additional guidance had been given regarding the support the person needed. This was displayed in the person's room and staff were aware of the guidance.

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

- The registered manager had arranged the decoration of several areas of the service since our last inspection. Communal areas were bright and attractive.
- One lounge area had been decorated with a music theme, which we saw people enjoying during the inspection.
- Corridors were brightly decorated, and people were able to walk freely around the service. People's doors had been painted in individual colours and had door knockers in place to make them look like front doors. One person was delighted as their door had been painted in the colour of their favourite football team.
- There was clear signage which included pictures to support people to be able to locate specific areas of the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in line with the principles of the MCA. Staff asked for people's consent when offering support.
- Where people were assessed as lacking capacity to make decisions for themselves, a best interest decision was made involving relevant people. These decisions considered the least restrictive options for the person.
- Staff had completed training in MCA and understood their responsibilities to support people in line with the principles of the Act.
- The registered manager monitored the application and renewal of all DoLS applications to ensure any restrictions were lawful.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind, caring and compassionate. One person told us, "I'm definitely treated with kindness and respect. If I needed emotional support, I'm sure they would help but they are friends." One relative said, "The staff are excellent. There is a great deal of compassion shown here."
- There was a strong caring culture throughout the service which was promoted by the registered manager. One member of staff told us, "[Registered manager] is very caring and she promoted the culture."
- The caring approach was demonstrated by all staff. One person was walking along the corridor in their night clothes. A member of the maintenance team immediately approached the person, took their hand and spoke gently with them, guiding them to their room. They then sought support from a care worker for the person.
- There was an open and inclusive approach within the service that ensured people and staff were protected from discrimination.
- There was an equality and diversity policy in place. Staff had completed training to ensure they understood their responsibility to ensure people were treated as unique individuals and their diversity respected.

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

- People were involved in decisions about their care. One person told us, "We talk through about care and support."
- Where appropriate relatives and friends were able to give their view about people's care needs. One relative told us, "I'm very involved. The care plan is regularly updated."
- Throughout the inspection we saw staff encouraging people to be involved in decisions about their care. This included where people wanted to spend their day and whether they wished to join in activities.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Comments included: "I'm definitely treated with dignity and respect" and "They know (person) well. They're delightful. So lovely with (person). They always hold their hand and talk into their face".
- Staff understood the importance of promoting people's independence. One person told us, "Yes, they encourage me to be independent where they can, walking on my own." We saw staff supporting and encouraging people to be independent and stepping in discreetly where the person had difficulty.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person-centred and include information about people's histories, likes and dislikes. This ensured staff had information to enable them to know and value people as individuals.
- Where people's needs changed the service was responsive. One relative told us how their loved one had fallen. The service had taken prompt action to improve the environment to reduce the risk of further falls. The relative told us, "Anything needed was done very, very promptly."
- Staff knew people well and respected people as unique individuals. Staff showed a commitment to ensuring people received person-centred care. One member of staff said, "I know the residents really well, and their families. We are so person-centred."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans reflected people's communication needs and how those needs should be met. One person had difficulty communicating verbally. The person's care plan detailed the communication methods the person preferred. We saw staff communicating with the person, showing patience and understanding for the person's frustrations relating to their verbal communication.
- Pre-admission assessments included assessment of people's communication needs and these assessments were used to develop communication care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were enthusiastic about the activities and the staff who arranged them. Comments included: "The activities ladies are joyful"; "I've always done a lot of walking. They've organised for someone to take me for a walk. I've just had a lovely walk" and "Oh yes, I take part in activities. I don't know what I like best."
- People had access to a wide range of activities. On the day of the inspection we saw people enjoying arts and crafts, ball games and musical entertainment. People were engaged, smiling and active throughout the activities.
- Staff were all involved in the activities. We saw staff joining in with the singing and dancing and supporting people to enjoy an afternoon in the garden. One member of staff said, "We all have fun. There is always something going on."

- Relatives told us they were always made welcome in the service and supported to maintain their relationships with people living at The Orchards.

Improving care quality in response to complaints or concerns

- People and relatives told us they were confident to raise concerns and felt they would be dealt with appropriately. One person said, "I have no complaints. They're all caring people. We get on well together." A relative told us they had raised some concerns relating to personal care and those had been dealt with promptly and all issues resolved.
- There was a complaints policy and procedure in place. Records showed that complaint had been investigated and responded to in line with the complaints policy.

End of life care and support

- Nobody was receiving end of life care at the time of our inspection. We saw many letters and cards of thanks from relatives whose loved one had been cared for at the end of their life.
- The service was in the process of completing, 'Advance care planning' documents with people and their families. This enabled people to speak openly about their wishes and for the service to be aware of the support people wished to receive.
- The registered manager had attended a provider forum relating to end of life care and was working with local health professionals on a pilot project to improve the end of life care in the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were positive about living at the service. One person told us, "It's a good home. It's lovely. One big happy family."
- Staff enjoyed working at the service. Comments included: "I really enjoy it here. Everyone is so friendly"; "There is a really good team. I am valued, and I am listened to" and "I love it here. We all laugh together on a daily basis."
- The management team were always present throughout the service. One member of staff told us, "[Registered manager] is a good manager. Always walks around the home every morning. She is on top of things."
- Throughout the inspection we saw the management team were all extremely passionate about their role and were committed to ensuring improvements to the service continued.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager notified CQC of all significant events and was aware of their legal responsibilities.
- The registered manager was aware of their legal responsibilities in relation to Duty of Candour to ensure the service acted in an open and transparent way when things went wrong.

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

- People were positive about their leadership and the improvements made in the service. One relative told us, "The manager is (registered manager). Very approachable. It's absolutely fine talking to them."
- Staff were extremely positive about the registered manager and the wider management team. Staff spoke proudly about the improvements that had been made and the impact this had on outcomes for people.
- There were effective systems in place to monitor and improve the service. The provider had an independent auditor who audited the service and provided a business overview. This was used to develop an action plan for improvement. One action had been for a 'This is me' document to be completed for people to provide person-centred information relating to people's needs. These documents were being completed at the time of the inspection.
- The registered manager completed a monthly audit which included audits of medicines, infection control, dining experience and health and safety. Any issues identified were addressed.

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

- People were involved in developing the service. There were regular meetings that enabled people to have input into service improvements. One person had made suggestions for improving the gardens and these improvements were being actioned.
- There were regular relatives' meetings. The registered manager took the opportunity to arrange speakers at the meetings to help inform relatives. At the last meeting a legal representative came and spoke about lasting powers of attorney.
- There were regular staff meetings. Staff were confident to share their opinions and ideas and felt listened to. One member of staff told us they had made suggestions around the deployment of staff and this had been adopted successfully.

Continuous learning and improving care

- The registered manager looked for ways to keep their skills and knowledge up to date to ensure the service continued to improve. This included attending conferences and local provider forums.

Working in partnership with others

- The service worked closely with health and social care professionals to improve outcomes for people.
- The registered manager had a positive working relationship with the local GP service and the community nursing team.
- The service had well established links with the local community and key organisations that enabled people's needs and preferences to be met.