

## Orchard House Nursing Home Limited

# Orchard House Care Home

### Inspection report

Grosvenor Road  
Mablethorpe  
Lincolnshire  
LN12 1EL

Tel: 01507472203

Website: [www.rchcarehomes.co.uk](http://www.rchcarehomes.co.uk)

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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

About the service: Orchard House is a care home which is registered to provide personal care and accommodation for up to 52 people, some of whom are living with dementia. There were 38 people using the service at the time of the inspection.

The home had changed their registration since the last inspection and were no longer providing nursing care, which had caused the reduction in the number of people using the service since we last visited.

People's experience of using this service: People and their relatives told us they were happy with the care they received at Orchard House. Staff were described as warm and friendly, and the registered manager was approachable and supportive.

There were systems in place to maintain the safety of people and checks were in place on the premises and equipment.

The mealtime experience we observed lacked a social atmosphere and staff appeared task focused. We were advised this might have been due to the disruption of the building work which had displaced people and possibly interfered with routines. The manager assured us they would address this.

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

We observed numerous kind and caring interactions between staff and people. People were treated with dignity and respect.

Care plans were person centred and people had access to a variety of activities. People's social needs and interests were considered.

The registered manager had a clear focus on continuous improvement. Systems were in place for the monitoring of the quality of the service and records held by the manager were extremely well organised and easy to navigate.

Rating at last inspection: Good (published July 2016).

Why we inspected: This was a planned inspection which was based upon the previous rating.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate and high-quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe

Details are in our Safe findings below.

**Good** ●

### **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** ●

# Orchard House Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection team consisted of two inspectors and an expert by experience.

**Service and service type:** Orchard House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Orchard House took the decision to amend their registration and no longer provide nursing care.

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:** The inspection was unannounced. This meant the provider and staff did not know we would be visiting.

**What we did:** Prior to the inspection we checked information we already held about the service.

The provider had submitted a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We spoke with 12 people, seven relatives, the registered manager, an administrator, a cook, an activities coordinator, four care staff, and a community care officer.

We checked three care plans and three staff recruitment files. We also checked a variety of records relating to the quality and safety of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Staffing and recruitment

- There were suitable numbers of staff on duty during our inspection. At times they appeared scarce such as during lunch. We spoke with the registered manager about this who said staff were usually present in the dining areas at all times and they would monitor the deployment of staff.
- Safe recruitment procedures continued to be followed which helped to protect people from abuse. There were checks on the suitability of staff to work with vulnerable people.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "It's as safe as houses as the saying goes." A relative told us, "No one will get in here that shouldn't, we all have to be let in and sign in."
- A visit from the local authority in November 2018 found the home provided a "safe and secure environment with appropriate safeguards in place."
- Staff had received training in the safeguarding of vulnerable adults and were confident of the procedures to follow. The registered manager was aware of their responsibilities regarding safeguarding.

### Assessing risk, safety monitoring and management

- Individual risks to people were assessed including falls and the risk of skin damage. Best practice guidance was referred to in falls prevention policies and procedures. A staff member told us, "I think the service is safe. The carers all follow the policies, especially about moving and handling people."
- Safety checks on the premises and equipment were carried out. A risk assessment was in place for the ornamental pond in the garden. It contained details of safety control measures in place. The registered manager advised us there were plans to remove the pond as part of refurbishment plans and create a seating area.

### Using medicines safely

- Safe procedures for the management of medicines remained in place. Staff had received additional training in medicines management following the removal of nurses from the service. Some records for the application of creams and lotions lacked detail. These were updated immediately with precise details of how and where they should be applied.

### Preventing and controlling infection

- The home was clean and tidy. The registered manager took pride in the cleanliness in the home and told us, "Our home doesn't smell, we'd be mortified." Staff used gloves and aprons appropriately and were aware of procedures to follow to control the spread of infection.

### Learning lessons when things go wrong

- A record of accidents and incidents was kept. This was analysed by the registered manager who checked for patterns or trends to try to prevent reoccurrence.

# Is the service effective?

## Our findings

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

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

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

- During the inspection people did not always receive effective support at lunch time. Aspects of the mealtime experience appeared task orientated, and a social atmosphere was lacking.
- Some people required regular prompting with their meals and this did not always happen in a timely manner meaning there was a risk their food became cold.
- We spoke with the registered manager about this who there was some disruption in the dining arrangements due to the refurbishment of the home which may have impacted upon the smooth running of the meal time. They told us they would address this.

We recommend the quality of the mealtime experience is monitored closely by the registered manager.

- People's nutritional needs were assessed and specialist advice was sought where they needed additional support.
- Special diets were catered for and people told us they enjoyed the meals provided.

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

We checked whether the service was working within the principles of the MCA, <whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had submitted DoLS applications to the local authority for authorisation in line with legal requirements.
- Records were kept of whether people had a lasting power of attorney [LPA]. LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves.
- A community care officer told us they were very impressed with the way the service managed capacity

issues. They said, "Best interest documentation and communication is very good. It is explained in layman's terms for families. Staff won't just accept things if they feel someone is being restricted. They check out the legality and safety of what they are doing."

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

- Pre-admission assessments were carried out before people moved into the home to ensure the service could meet their needs.
- Care plans were in place to support people's physical, social and emotional needs. They were detailed, and considered people's choices. Best practice guidance was followed including those available from the National Institute for Health and Care Excellence [NICE].

Staff support: induction, training, skills and experience

- Staff received an induction and regular training considered mandatory by the provider.
- One staff member told us they had put their first aid training into practice during an emergency. They were proud they had been able to help the person as a result of this training.
- Staff received regular supervision and appraisals. One staff member said, "I feel very supported at work. We get supervision once every three months, sometimes we are monitored through observations but we don't know we are being observed."

Staff working with other agencies to provide consistent, effective, timely care

- A visiting professional told us staff worked closely with them to provide effective care. They told us, "If anything happens they are very, very good at communicating with professionals and families."

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

- People had access to a range of health professionals including GP, speech and language therapists, dieticians, and specialist nurses.
- The registered manager had raised a concern about the availability of dentists in the area for people to access. The Clinical Commissioning Group [CCG] were aware of this.

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

- The service was in the process of being refurbished at the time of the inspection, including cosmetic and structural improvements.
- The registered manager told us the improvements would consider dementia friendly design features and increase the amount of natural light available.
- One person told us, "Decorations around the home haven't interfered with us residents, the dining room is clean and tidy."

# Is the service caring?

## Our findings

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

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

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

- People told us they felt well cared for. Comments included, "It is absolutely brilliant here, just like home, that's the truth" and, "I feel really comfortable with the staff, we often have a good laugh."
- A visiting professional told us, "If I have anyone I know needs care I am very pleased when they choose here. I would be happy for a relative to be here."
- Staff respected people's equality and diversity. We saw numerous examples of kind and compassionate care.

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

- People were consulted and involved in aspects of their care throughout the inspection. Staff bent down to speak with people at eye level to maximise their chance of hearing, understanding and responding to them.
- Regular surveys were carried out so people could share their views.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected by staff. One person told us, "The staff are always so careful about privacy and respecting my dignity when providing personal care, even though that doesn't bother me anymore."
- Care records contained the 'principles of person centred care' to remind staff about how to treat people with dignity and respect, for example, "Remember that communication is not just verbal and that people respond to facial expressions and touch - even though the person is not responding they may still be aware of your presence. Remember this and do not talk over people."
- People were supported to be independent. One person was offered cup of tea, the staff member said, "Do you want to hold it or would you like me to hold it? Shall we hold it together? Have a little sip of your tea for me, is it nice?" Other people were encouraged by staff to push themselves up from their chairs and staff constantly checked if they were managing.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

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

- Person centred care plans were in place which meant people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care.
- It was not always recorded that people or their representatives had been involved in care planning. The registered manager told us they would ensure this happened.
- Sociability assessments were carried out which detailed people's likes, dislikes, hobbies and interests and how they liked to interact with others.
- Some people using the service attended the day centre attached to the service.
- A variety of activities were available and people were supported by activities coordinators. A relative told us their relation had been involved in more activities since moving to the home and said, "[Name] has done more here, they just used to sit, we were hoping that they would thrive here and all the staff have been so encouraging." One person had nicely painted nails and told us, "The activities coordinator did them for me on Saturday, we do have a good laugh."
- A relative told us they were kept informed about any changes. They said, "The communication between family and the home is always there and gives us great peace of mind."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and people knew how to make a complaint if they had to. No formal complaints had been received. The registered manager was visible and present in the home for people and relatives to speak to.

End of life care and support

- Advanced care planning and end of life care plans were in place for people that wanted to share plans of their wishes at this important time.
- We spoke with a visitor whose partner had died in the home. They continued to visit and were made welcome in the home. They told us, "We received brilliant care at the end of [relation's] life, the home looked after all of us."

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a registered manager in post. People and relatives spoke highly of the registered manager, one relative said, "The registered manager is lovely and very helpful; all the staff are."
- The registered manager and provider representative were aware of the need to be open and transparent and were committed to providing high quality person centred care.

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

- The registered manager was clear about their legal duty to notify CQC of certain incidents and events.
- Care staff were supported with the change in their responsibilities, having previously had a nurse on site to refer to. The registered manager ensured there were clear instructions about how to deal with various incidents should they arise.
- Information we requested was easy to locate, neat, organised, and up to date.

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

- The views of people, relatives and staff were regularly sought and feedback was acted upon. One relative had provided feedback that there was limited natural light in the communal lounges. The refurbishment of the home included plans to increase the amount of natural light.

Continuous learning and improving care

- There were various audits and checks on the quality and safety of the service. Any concerns identified were acted upon.
- There was evidence of learning from incidents including the monitoring of falls to try to reduce these.
- The registered manager was open to our feedback and demonstrated a commitment to continuous improvement.

Working in partnership with others

- The service worked closely with external health and social care professionals.