Mr & Mrs M Sharif

Orchard Views Residential Home

Inspection report

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Barnsley
South Yorkshire
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Orchard View is a care home that provides residential care to a maximum of 40 older people. At the time of this inspection Orchard View were providing services for 35 people some of whom were living with dementia. One of those people was in hospital at the time of the inspection.

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.

This comprehensive inspection took place on 18 October 2018 and was unannounced. This meant the staff working at the home and the people living at the home did not know we were visiting.

At our last inspection on 22 and 23 August 2017 the service's overall rating was 'Requires Improvement'. We saw work was required to improve the general environment of the service and staff training. One of the directors told us they hoped to complete all the redecoration and refurbishment of people's rooms within six months.

At this inspection we saw the system in place to ensure staff received relevant training had improved. However, we saw sufficient action had not been taken to improve the general environment within the service. The director told us that more than 50% of the programme of refurbishment had been completed since the last inspection. We saw the main and side conservatory areas were not available for people to use. We also saw that people had limited access to the outside space. The overall rating of the service remains as "Requires Improvement".

Following the inspection the director sent us an environmental improvement plan with a timeframe for completion. We recommend the registered provider monitors progress against plans to improve the service and take appropriate action without delay where progress is not achieved as expected.

There was a registered manager at the service. 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.

People who lived at Orchard View told us they felt safe and staff provided them with the support they needed.

Staff were aware of their responsibility to protect people from harm or abuse.

Medicines were managed safely at the service.

All the people and relatives we spoke with did not express any concerns about the staffing levels at the service. Our observations during the inspection told us that people's needs were being met in a timely manner and we did not note any lengthy wait for a call bell to be responded to.

All the people and relatives we spoke with made very positive comments about the care provided and the staff.

People's nutritional needs were monitored and actions taken where required. People made positive comments about the food. Preferences and dietary needs were being met.

There were robust recruitment procedures in place so people were cared for by suitably qualified staff who had been assessed as safe to work with people.

Staff underwent an induction and shadowing period prior to commencing work, and had regular updates to their training to ensure they had the skills and knowledge to carry out their roles.

Staff we spoke with felt supported and received supervisions and appraisals regularly.

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.

Care plans were detailed and were reviewed regularly.

People were treated with dignity and respect, and their privacy was protected.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death.

People and relatives spoken with were confident in reporting concerns to the registered manager and staff, and felt they would be listened to.

We saw the service promoted people's wellbeing by taking account of their needs including activities within the service and in the community.

We saw the registered providers quality assurance processes would benefit from being more systematic and methodical.

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?

Good

The service was safe.

Systems were in place to make sure people received their medication safely.

Recruitment processes were safe and we saw there were sufficient staff on duty to meet people's needs.

Staff had undertaken safeguarding training and were aware of their responsibility to protect people from harm or abuse.

Is the service effective?

Requires Improvement

The service was not effective in some areas.

We found that improvements to the environment had not been fully completed following the last inspection.

Relatives made positive comments about the care their family member had received.

Staff had undertaken training which was regularly updated to ensure they had the skills and knowledge to support people effectively.

We saw staff received appropriate support to enable them to carry out their duties.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect, and their privacy was protected.

People and relatives made positive comments about the staff.

The staff spoken with had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes.

Is the service responsive?

Good

The service was responsive.

People had a written care plan in place.

We saw the service provided a range of leisure activities for people to participate in.

Complaints were recorded and dealt with in line with organisational policy.

Is the service well-led?

Requires Improvement

The service was not well led in some areas.

The registered provider had not ensured all the environmental improvements had been completed in a timely manner.

There were processes in place to monitor the quality and safety of the service, but we saw the registered providers monitoring would benefit from being more systematic and methodical.

People and relatives feedback showed the management of the care had been consistently good.

We saw the registered manager had actively sought the views of people and their representatives.

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Orchard Views Residential 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

This comprehensive inspection took place on 18 October 2018 and was unannounced. This meant the staff working at the home and the people living at the home did not know we were visiting. The inspection was carried out by two adult social care inspectors and an expert by experience. The expert by experience had experience in caring for older people and people living with dementia.

We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection. Before the 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 used a number of different methods to help us understand the experiences of people who lived in the service. We were not able to speak with some of the people using the service because they were unable to communicate verbally with us in a meaningful way. Therefore we observed a group of people who used the service for a period of half an hour and recorded their experiences at regular intervals. This included people's mood, and how they interacted with staff members, other people who use services, and the environment. This method of observation is called the Short Observational Framework for Inspection (SOFI).

We spoke with 18 people living at the service, four relatives, the registered manager, the director, the deputy

manager, one senior care assistant, four care assistants, the activities coordinator, one domestic worker, the cook, kitchen assistant, the administrator and the maintenance worker. We also spoke with one visiting health professional.

We looked around different areas of the service; the communal areas, the kitchen, bathroom, toilets and where people were able to give us permission, some people's rooms. We examined a range of records including the following, three people's care records, people's nutritional and fluid monitoring records, people's medication administration records, staff files and records relating to the management of the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt "safe" and had no worries or concerns. Comments included, "I feel very safe as the staff look after me really well" and "This is a very safe place." Relatives we spoke with did not express any concerns or worries about their family member. Comments included, "My relative is very safe here and the staff are brilliant. He has been here for about two years and I know he is well looked after" and "She [family member] came for respite after she'd been in hospital, but she decided she wanted to stay here. We think it's because she feels safe here."

We saw a policy on safeguarding vulnerable adults was available. Staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. The staff training matrix showed staff had been provided with safeguarding vulnerable adults training. Staff we spoke with confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm.

We looked at three people's care records and saw they contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. We saw overall risks were assessed and mitigate, but some minor improvements were needed. We noted a risk assessment had not been completed for one person who may display behaviour that could challenge. We saw evidence the person's behaviour was being monitored and recorded so it could be used by the mental health team as part of their review. The registered manager told us a risk assessment would be completed straight away. We noted a recent incident had been recorded by staff, but the registered manager had not yet been made aware of it. The nature of incident required it to be reported to a senior manager straight away, so they could ensure appropriate measures were in place to reduce the risk of reoccurrence. The registered manager told us they would speak with staff.

We found appropriate arrangements were in place for obtaining and handling medicines. Medicines were kept safely and at the right temperatures. Staff who administered medication had received training. We observed part of the morning medicines administration. We found that safe procedures were followed. People were provided with a drink to take their medicines with and staff were patient and respectful with people whilst administering their medicines. People's medication administration records (MAR) held photographs of the person and any known allergies. We saw that guidelines to help staff to decide when to administer medicines prescribed 'when required' were not always available. We spoke with the senior care assistant; the missing guidelines were put in place by the end of the inspection.

We reviewed the arrangements in place to manage controlled drugs. Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are stored and dealt with. We saw that controlled drugs were being stored correctly. We looked at the controlled drugs records and found them to be in good order.

We did not receive any concerns from relatives or people about the staffing levels at the service. We observed staff were visible around the home and responded to people's needs as required. We reviewed a

sample of staff rota and concluded that there were sufficient staff deployed to meet people's needs.

We reviewed staff recruitment records for three staff members. The records contained a range of information including the following: application, references, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

We found there were satisfactory arrangements in place for people who had monies managed by the service. We examined three people's financial transaction records and the balance was correct. The administrator told us the financial transaction records were checked regularly, but we noted there was no record of a check by senior managers. Regular checks help safeguard people from financial abuse. We shared this information with the registered manager and director, who assured us this would be put in place.

During the inspection we observed that staff wore gloves and aprons where required and we saw these were readily accessible throughout the service. Hand gel was available in communal corridors. We saw the service was clean and there were no unpleasant odours in the communal areas being used. We looked in some people's rooms; we noted one person's room did not smell clean. We spoke with the registered manager who told us the refurbishment of this person's room would be prioritised.

Since the last inspection we saw a maintenance worker had been employed by the registered provider. We saw evidence that regular checks were being undertaken by the maintenance worker. For example, call system checks, temperature checks on hot and cold water outlets and fire equipment checks.

We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. Staff had received health and safety training including participating in regular fire drills and fire training. Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

Accidents and incidents were monitored and evaluated by the registered manager so the service could learn lessons from past events and make improvements where necessary.

Requires Improvement

Is the service effective?

Our findings

At our last inspection on 22 and 23 August 2017 we found work was required to improve the general environment of the service. One of the directors told us they hoped to complete all the redecoration and refurbishment of people's rooms within six months.

At this inspection we saw sufficient action had not been taken to improve the environment. We saw some progress had been made, but this was insufficient. The director told us that more than 50% of the programme of refurbishment had been completed since the last inspection. The service's maintenance worker showed as an example of the rooms that had been refurbished, the ceiling in the room had been plastered; new flooring, new furniture and a new sink had been installed. They told us they were committed to coordinating and completing the refurbishment.

At the last inspection we saw the main conservatory was being used to store furniture, equipment and new flooring. The side conservatory was also being used as a storage room. We were also told there was a planned outdoor area for people to use. At this inspection we saw the main and side conservatory were still not available for people to use and the planned outdoor area had not been completed. It is important that people are freely able to access gardens and outdoor areas. Going outdoors has been shown to have multiple benefits including; providing physical exercise; helping to maintain normal sleeping patterns and daily rhythms; improving mood and helping people to cope with stress. The director told us that all the material was ready and stored in the building to complete the outdoor space, but required the maintenance department to construct the setting.

Following the inspection the director sent us an environmental improvement plan, which included a timescale for the completion of the outdoor area and the clearance of the main conservatory.

We found the system in place to ensure staff undertook refresher training had improved since the last inspection. We saw mandatory training such as moving and handling, first aid, medicines and safeguarding was provided. Staff we spoke with confirmed they had undertaken training. One staff member said, "[Registered manager] has taken time out to teach me, she had taught me a lot. Showed me how to apply for a DoLs, done MCA training." However, the services training matrix showed a few staff had not completed their MCA and DoLS training. We spoke with the registered manager; they told us they would follow this up with the relevant staff. It is important that all staff complete MCA and DoLS training so they have the relevant knowledge of procedures to follow in line with legislation.

The services staff training matrix showed some staff had undertaken additional training. For example, end of life care with Macmillan, oral health and dementia awareness. We identified staff would benefit from receiving training in supporting people who displayed challenging behaviour. We shared this feedback with the registered manager.

Staff we spoke with told us they felt supported. One staff member said, "It's a good strong team. The manager is lovely, she is really helpful, she is all for the residents, but supports staff as well." We saw staff

received appropriate support to enable them to carry out their duties. We found staff received regular supervision and an annual appraisal. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

All the people we spoke with told us they were satisfied with the quality of care they had received and saw the doctor when they were not feeling well. Comments included, "I don't need any help to walk. I can manage on my own. I just need a bit of help when I get dressed so that I don't lose my balance and they [staff] are very good about helping me" and "I had a few falls when I was at home on my own, but not since I've been here. They [staff] are careful not to let me fall."

Relatives we spoke with made positive comments about the care their family member had received. Comments included, "I come every alternative day and I see what is going on. The staff are very good and rush to people if they see them struggling to get up," "I come every other day and stay for a couple of hours and I don't always come at the same time. If there was anything wrong, I'd be the first to see it, but there is nothing" and "I know she's [family member] content here because she never wants to go out. We've asked her if she wants to come for her tea or go to the shops with us, but she always says no, she is alright here. It's reassuring in a way, because if she was unhappy or her needs were not being met, then she wouldn't want to stay."

In people's records we found evidence of involvement from other professionals such as doctors, district nurse, dentist, optician and speech and language therapists. Care staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the preferences of the people they supported. This meant people were supported by staff that knew them well.

We spoke with the cook who described how they planned people's meals and they described people's individual likes and dislikes. They were aware of the people who needed a specialised diet and/or soft diet. This told us that people's preferences and dietary needs were being met. The cook informed us that there was a plentiful supply of food, including fresh fruit and vegetable. Fresh fruit was available throughout the service and seen on the drinks trolley.

We observed the mealtime arrangements at the service. We saw the atmosphere at lunch time in the dining room was conducive to eating. People were offered a choice to eat. People were seen eating and really enjoying their meals. When people had eaten their meal quickly they were offered seconds. We saw a few people required support and saw they were supported appropriately. For example, one staff member was focused on the person they were supporting, sitting at their level and chatting quietly to them to encourage them to eat.

People we spoke with complimented the food that was provided at the service. One person said, "I think there are a few different things at lunchtime. They [staff] ask what you want. I don't mind what it is because it is always very nice." We saw nutrition and fluid balance charts were kept up to date for people who required their nutritional needs to be monitored.

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 who lack mental capacity to consent to arrangements for necessary care or treatment 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). 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 were being met.

Staff we spoke with understood the principles of the MCA and DoLS. People we spoke with told us their consent was obtained prior to any support being provided. The service was aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person. At the time of the inspections none of the people living at the service had any conditions in place that needed to be met.

We found 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.

Good

Is the service caring?

Our findings

People we spoke with were happy with the care that was being provided and made positive comments about the staff. Comments included, "They [staff] are very good. They do help me to get dressed and they are very gentle. I do like to go out and there is usually a staff member to take me," "They are marvellous. Nothing is too much trouble for them," "They're all very nice with us," and 'It's their job to look after us, but they [staff] are smashing."

We saw that staff asked for consent first and explained what they were doing. For example, asking people if could apply clothes protectors at lunchtime. People we spoke with told us they were consulted about their care and asked for consent prior to staff supporting them. Comments included, "They [staff] are always asking me. I'd soon tell them if I didn't like anything." and "They ask me everything. They don't take anything for granted."

People told us that staff respected their privacy and dignity and we saw that staff knocked on bedrooms doors before entering and that they were careful to close toilet doors when assisting somebody.

Relatives we spoke with made positive comments about the staff. Comments included, "The staff are really good. I come every other day and I've seen nothing, but kindness towards people here" and "The staff here are really good. They try their best and visitors are made welcome as well."

People were able to bring personal items with them and we saw people had personalised their bedrooms according to their individual choice. People could choose where they like to spend their time and what they would like to do. People's comments included, "I please myself where I want to be. It's up to me," "I like to come in here (the lounge) because I like to watch what is going on. It's nice in here," "I go to bed whenever I'm ready. If I feel like a lay down in the afternoon, then that's up to me" and "It's very nice here. You can please yourself what you do. If you want to do the games, like this morning, then you can, but nobody forces you to join in."

We saw the interactions between staff and residents were very warm and friendly. We saw that people responded well to staff and they looked at ease and were confident whilst speaking with staff. Staff provided reassurance to people when they became upset. For example, one person's partner was in hospital and staff had phoned on behalf of the person to make sure their partner was alright. A staff member sat talking to them and told them they would arrange a phone call for them when their partner was well enough to speak with them. We saw another person become upset saying she couldn't find her handbag. She started to get up from the table during lunch, but a staff member quickly went to her and reassured her saying that she would go and find the bag while the person ate their lunch. She returned a few minutes later bringing the bag to the person.

It was clear from our discussions with staff that they enjoyed caring for people living at the service. Staff we spoke with told us they would be happy for one of their family members to be cared for at the service. One staff member said, "The residents are really well looked after. I've had family stay here and I wouldn't

hesitate to have anyone live here. The care is very good. We all put residents first."

Staff spoken with were able to describe people's individual needs, hobbies and interests, life history, people's likes and dislikes. Staff had undertaken equality and diversity training. This training helps ensure people are treated as equals, that people get the dignity and respect they deserve and that their differences are celebrated.

The registered provider had ensured people were treated equally. For example, people's cultural needs and values were respected. For example, people told us there is a Church of England service at the home every Sunday. One person who was Methodist was supported to attend a Methodist chapel.

People's confidentiality was respected and all personal information was kept securely. Staff were aware of issues of confidentiality and did not speak about people in front of other people.

Good

Is the service responsive?

Our findings

People's care records showed that people had a written plan in place. People we spoke with told us staff responded to their calls for assistance. One person said, "They [staff] come quickly. They don't keep me waiting."

We saw care plans were reviewed regularly and where people's needs changed in any significant way, referrals were made to health care professionals in a timely way. A communication care plan was completed for each person. This helped to identify how to provide information to the person so it was accessible and tailored to meet their needs.

We found there was a record of the relatives and representatives who had been involved in the planning of people's care. Relatives we spoke with told us they were kept fully informed about their family member's wellbeing. One family member said, "We never wanted her to come into a home at all, but the manager here has been great. She is really kind and reassuring and has made sure that I have been involved from the word go in the care plan."

The service had a written and verbal process in place for the staff handover between shifts. The written documentation gave an overview of the care provided on the previous shift and people's health needs and wellbeing. This helped staff to identify and respond effectively to people's changing needs.

The registered manager had ensured that positive relationships had been made with other healthcare agencies involved with people's care, to ensure they received effective care, support and treatment. We spoke with one visiting healthcare professional who told us the staff responded to peoples change in needs. They told us staff looked after the people living at the service really well and they received appropriate referrals and staff followed their advice. They had no worries or concerns about the service and told us the service was really well run.

At the time of the inspection no one was being cared for at the end of their life. The registered manager told us the service was committed to supporting people and their relatives before and after death. One person told us they had discussed their wishes for their end of life with staff. They said, "I went through everything with them [staff]. They know all my preferences and they know what I want when I come to the end."

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities. We spoke with the activities coordinator who provided a range of activities within the service. They also supported people to attend activities in the community. For example, five people had been participating in the baking class at the local college. On the morning of the inspection we saw one person was supported to go to their baking class. Five people went to a class at the local gym where they have wheelchair based equipment. The activities worker told us they supported a group of people each week to go out for lunch, different people each time. Some people were going to an Indian restaurant soon. One person told us they were supported to go dancing each week. They said, "I love to go dancing, the staff make sure I go and I'm happy about that. I have a dance with them sometimes. They are all smashing."

We saw there was a robust process in place to respond to concerns or complaints by people who used the service and their representative. People we spoke with could not recall having the need to raise a complaint. People and relatives spoken with were confident in reporting concerns to the registered manager and staff, and felt they would be listened to.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in August 2017 the director told us they hoped the improvements to the environment would be completed in six months. At this inspection we saw some progress had been made since the last inspection, the director told us that more than 50% of the programme of refurbishment had been completed since the last inspection. However, the length of time for the completion of the environmental improvements was not satisfactory. We saw the main and side conservatory areas were not available for people to use. We also saw that people had limited access to the outside space. The overall rating of the service remains as "Requires Improvement". Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'.

Following the inspection the director sent us an environmental improvement plan with a timeframe for completion. We recommend the registered provider monitors progress against plans to improve the service and take appropriate action without delay where progress is not achieved as expected.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw regular checks and audits were undertaken as part of the quality assurance process. For example, monthly weight monitoring, fall analysis and monitoring and medicines audits. However, we saw some of the audits would benefit from being reviewed to ensure they covered all the relevant areas. For example, the medicines audit did not include a check for guidance for as required medicines. We shared this information with the registered manager and director.

The director had an office based at the service. We reviewed the checks and actions the director had completed in August 2018, which included the following, completing a walk round of the service to spot check the staff, environment and wellbeing of people. Reviewing a sample of care records and introducing new policies and procedures. We saw the registered providers quality assurance systems would benefit from being more systematic and methodical. For example, to ensure events such as accidents and incidents, complaints, concerns whistleblowing and investigation were monitored each month.

We received positive feedback from people and relatives about the management of the service. One person said, "I've seen her a lot and she's always nice to me. She is very kind (pointing to the manager)." The registered manager told us they were due to leave the service at the beginning of November 2018. People and relatives were aware that the registered manager was due to leave, but nobody we spoke with expressed any concerns. One person said, "I'm sure there'll be somebody else coming and the lasses [staff] won't change. That's the main thing. They're lovely." The director told us they were in the process of recruiting a new manager and had identified a candidate. When everything was confirmed, meetings would be held with people using the service, relatives and staff.

The registered manager had actively sought the views from people using the service and their representatives. The service held regular resident meetings. We saw the topic of the meeting held in October

2018 included a discussion about future events. For example, the Halloween party, pie and pea supper. People had decided to hold a Christmas buffet. Friends and family were welcome to attend the events. The service had also sent out client questionnaires. The registered manager showed us the action they had taken in response to the feedback. For example, one person wanted their bedroom decorating, but they wanted to keep their own furniture.

During the inspection we did not receive any concerns expressed from people or relatives about people needing to change rooms to allow their room to be refurbished. We saw this was managed well by the registered manager and staff. People and their relatives were fully consulted.

Staff meetings took place to review the quality of service provided and to identify where improvements could be made. For example, cleanliness, completing care records, health and safety, staff training were discussed at the staff meeting in July 2018

Staff spoken with made positive comments about the staff team working at the service and the registered manager. One staff member said, "The team all muck in and help each other. We have introduced the team leader role and everyone has a day as team leader to keep the team focused and get jobs done."

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.