



Inspection Report on

Orchard House Residential Care Home

Orchard House Residential Home
3-7
Colcot Road
Barry
CF62 8HJ

Date Inspection Completed

28/10/2022
28 October 2022

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About Orchard House Residential Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Northcote Developments Ltd
Registered places	40
Language of the service	English
Previous Care Inspectorate Wales inspection	[Manual Insert]23 February 2022
Does this service provide the Welsh Language active offer?	This is a service that is working towards an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

This inspection was unannounced, Hugh Gibson is the responsible individual (RI) for the service. There is an appointed manager in place who is in the process of registration with Social Care Wales the Workforce Regulator. Orchard House care home can accommodate 40 residents who may require support with personal care needs.

People mostly receive appropriate care and support from a friendly staff team and there are sufficient staff to provide assistance with arrangements in place to cover any future shortfalls. People receive a range of social and recreational support in accordance with their interests,

The RI visits the home on a regular basis but need to take action to address areas where improvements are required. Systems in place to ensure the quality of the care and support provided requires improvement. Care documentation does not always reflect the care and health needs of people living at the home.

The home environment is secure and fit for purpose, however some areas require urgent improvement. Infection prevention and control arrangements require improvement to reduce the risk of cross contamination and infectious diseases being spread throughout the home.

Well-being

People are happy living at Orchard House. Care staff mostly respond promptly to people's needs and help them appear clean and well-groomed. People can move freely in accordance with their ability and level of risk throughout the various areas of home and gardens. A variety of social activities and pastimes are available.

People are protected from harm. Care staff are up to date with safeguarding of adults at risk training and most mandatory training has been carried out or dates for future training planned. Arrangements for fire safety and general maintenance are in place. The environment throughout requires improvement regarding refurbishment and further areas identified during our visit need to be addressed.

People appeared comfortable with the care staff who provide their support. Their wishes and aspirations are always considered, and care staff demonstrate a friendly approach. Care documentation requires improvement to ensure staff support the delivery of care and support on a daily basis and to ensure personal plans are reviewed as required. We saw documented evidence in care files of support from other professionals such as GP and dieticians. During our visit we spoke with individuals who told us staff are kind and friendly and assisted when needed. We saw care staff are readily available, attentive and recognise people's needs.

Medication Administration Records (MARs) we audited evidenced that while no immediate action is required this is an area for improvement and we expect the provider to take action to ensure people receive their medication as prescribed. Medication stock is securely stored.

People mostly have a voice and can make choices about their day-to-day care. Care staff value and respect the preferences of each individual and encourage independence wherever possible. People have an excellent choice of meals and drinks to suit their nutritional needs and preferences. We saw people enjoying the meals provided and observed a calm, social time for people to enjoy.

There are some measures to promote safe infection control, such as cleaning schedules but improvement is needed to minimise cross infection risks as far as possible. The home does not carry out audits to help it monitor standards and practice and we discussed this as an area for improvement and we expect the provider to take action. The provider assured us it is addressing this. A statement of purpose is present along with a written guide.

Care and Support

Care staff know people well, and some staff told us they had worked at the home for several years. Therefore, they can recognise any deterioration in health and well-being and act accordingly. However, documentation does not always contain information regarding how people's needs, and outcomes should be met. Some personal plans and risk assessments were in need of reviewing and up-dating. We identified more consistency was required by care staff when completing them. This was acknowledged and noted by the manager. We expect the service provider to take action to address this issue.

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Although the service has systems for medicines management in place we identified where improvements are required. Medication Administration Records (MARs) we audited evidenced that people are not always receiving their medication as prescribed, and we saw gaps in recordings. Medication stock is securely stored in the medication room. However, we observed daily temperatures had not been taken of this area to ensure all medications are stored within the correct controlled temperature to ensure their quality is maintained and the temperature had not been taken of the medication fridge for several days. We expect the service to take action to address this issue.

There are some measures to promote infection control, such as cleaning schedules, but improvement is needed to minimise cross-infection/contamination risks as far as possible. For example, we noted staff did not follow the procedure for the safe sanitising of commode pots. We saw a lack awareness by staff to remove items which could pose a cross infection risk which included contaminated hand sanitisers on handrails which in itself poses a risk of ingestion. We discussed this with management during the inspection visit and they assured us they would address this as a priority and removed the items immediately.

Measures are mostly in place for safeguarding residents. Entry to the home is secure and a log of visitors to the home is maintained, although all staff should ensure they check visitors' identification carefully prior to entry. A safeguarding policy is present. The home has liaised appropriately with the Local Authority regarding incidents and notifies Care Inspectorate Wales (CIW), where appropriate. However, the current manager arrangements at the home needs to be updated within the home's statement of purpose.

People benefit from a variety of social activities and pastimes of their choice.

Environment

Overall, people have a sense of belonging. The home offers several communal areas for people to sit and enjoy chatting to others or spend quiet time. Bedrooms are personalised with items of people's choice and personal belongings. There is a large conservatory area and garden area which gives the home a pleasant feel and where people can enjoy spending time in the warmer weather. There is good access and egress for people with mobility needs. The entrance to the home is secure and visitors must ring to gain entry. The home has been awarded a 5* food hygiene rating (indicative of very good kitchen hygiene practices).

People are mostly cared for in a clean homely environment. We saw domestic staff undertaking cleaning duties throughout the home and found the home to be generally clean but identified areas for improvement. This included the carpet throughout the ground floor, and various areas throughout the home. We were told by the RI at the previous visit that the next phase of refurbishment would be the main corridor flooring which was scheduled to be replaced but delayed due to the COVID-19 pandemic and would be rescheduled during the warmer weather. However, we found this has not yet been undertaken. When we spoke with people, they were complimentary about the home.

People are not always protected from environmental health and safety risks. We identified several areas where improvements are required throughout the home. We found weekly call bell checks have not been completed and there is no documentation regarding this. We found call bells missing from several bathrooms and corridors. We could not be assured that call bells in place were working as checks had not been carried out and some were out of reach should people need help or assistance. We discussed this with the appointed manager at the time of the visit who told us the matter would be addressed immediately.

People cannot be confident that there are effective arrangements at the home that will protect public safety and minimise cross contamination. There is a lack of oversight to ensure staff follow the correct infection control guidance.

Various fire-related safety checks are carried out and residents have personal emergency evacuation plans. There is a fire safety risk assessment and care staff receive training in fire safety and first aid. A Personal Evacuation Emergency Procedure (PEEPs) file is in place and accurate regarding all people living at the home.

Leadership and Management

Systems and processes are mostly in place to promote the smooth running of the home. At this time there is an appointed manager in place who is working towards registration with Social Care Wales the workforce regulator. The responsible individual is at the home daily and responsible for the overall oversight of the home. Care staff undertake daily handovers to ensure pertinent information is shared between staff at shift handover. The statement of purpose describes the home and its facilities and gives people key information about the service, but it needs reviewing to ensure it fully reflects the statutory guidance and the provider needs to submit an updated copy to CIW.

There is evidence of some oversight and governance as the RI told us they are at the home daily engaging with resident's relatives and care staff. They demonstrate oversight of resources but need to address the areas identified during this visit as a matter of priority.

The appointed manager has oversight of staff training and supervision needs. Care staff are provided with appropriate training in areas including dementia care, manual handling and fire safety. The provider should consider care documentation training for all care staff. Care staff we spoke with told us they are well supported and can approach management with any issues or concerns.

Recruitment processes are robust, and checklists are carried out to ensure the required information and/or documentation is present and correct.

People can be mostly confident the provider monitors the quality of the service they receive. However, we identified that the appointed manager has not received appropriate supervision and we highlighted this immediately. We were told by the RI that the manager will be given supervision and training to gain the appropriate skills to support them in their new role. We spoke with staff during our inspection who feel supported in their work and told us the new manager is approachable and friendly. Staff supervision has improved, and the manager has arranged supervision for each staff member in accordance with regulatory requirements. Supervision should provide each staff member with opportunities to discuss their performance, development and any concerns they may have, which is particularly important during this difficult post pandemic period.

The provider must ensure that there are systems and processes in place to enable proper oversight of the management, quality, safety and effectiveness of the service. We have discussed the areas for improvement and expect the provider to take action to address this.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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56	This is because people cannot be confident that there are effective arrangements at the home that will protect public safety and minimise cross contamination. There is a lack of oversight to ensure staff follow the infection control guidance.	New
58	The service provider has failed to ensure that arrangements are in place to ensure that medicines are stored and administered carefully.	New
15	The service provider has not ensured that there is a personal plan of care which contains all the required information.	New
15	The service is non compliant with 15(1) as not all personal plans contained information as to how the individuals care and support needs will be met.	Achieved
36	Regulation 36 (2) (c) The service provider must ensure that any person working at the service receives appropriate supervision and appraisal.	Achieved

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