

The Eastern Region
 Monitoring Tool & Report
 for Adult Social Care
 Accommodation based Services

Provider: Orchard House Care Home

Officer

Date: 06 December 2023

		% score
1	Respecting & Involving Service Users	100.0%
2	Consent	100.0%
3	Care & Welfare of Service Users	97.0%
4	Meeting Nutritional Needs	100.0%
5	Co-operating with other Providers (currently not assessed)	0.0%
6	Safeguarding People who use the Service from Abuse	87.5%
7	Cleanliness & Infection Control	100.0%
8	Management of Medicines	87.5%
9	Safety & Suitability of Premises	100.0%
10	Safety, Availability & Suitability of Equipment	100.0%
11	Requirements Relating to Staff	100.0%
12	Suitability of Staffing	100.0%
13	Supporting Staff	94.4%
14	Assessing & Monitoring the Quality of Service provision	100.0%
15	Quality of Management (Complaints)	100.0%
16	Records	100.0%
Overall % score		97.8%

East of England Rating

Excellent (95%)	Overall rating	97.8%
Good (78%)		
Requires Improvement (65%)		
Poor (<65%)		

Provider: Orchard House Care Home

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Summary by Standard

1. Respecting & Involving Service Users

Score 100.0%

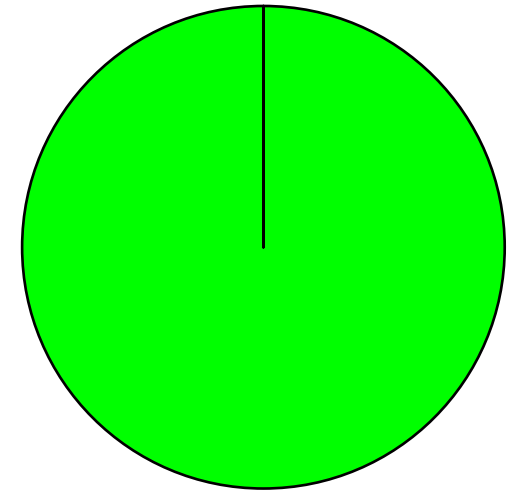
Section A
Standard 1

1.1 - Staff have completed training for equal opportunities and diversity, the training is reflective of the care planning. 1.3 - Care plans are detailed in the planning and show preference and choice throughout. 1.4 - Care plans would benefit from a more person-centred approach however the information shown is enough to help service users make informed decisions around their care, it can be seen in care plans how service users wish for support to be given by carers throughout their care. 1.5 - Care plans show that service users have been involved in their care planning and has personalised details within the care plans around the service users' choices and preferences.

Section B
Standard 1

1.1 - When asked if they felt treated with respect the overall response from service users was positive. 1.2 - Service users room doors are closed when receiving personal care. Service users gestired with a smile when asked if they like staff. Surveys show that two of 3 service users said they felt that their privacy and dignity was always upheld. 1.3 - I observed one service user having a conversation via a note pad with a member of staff due to poor hearing, this was their chosen method of communication. Service user feedback showed that two of three service users said that they feel choices and preferences are met all the time. 1.4 - Service user involvement can be seen throughout the care plans. 1.6 - Service user and relative meeting are held regularly with feedback obtained; it is recommended that a yearly quality assurance survey is sent out to relatives to complete.

■ Met ■ Part Met ■ Not Met ■ Not assessed



Section C
Standard 1

1.1 - Staff have completed training for equal opportunities and diversity, the training is reflective of the care planning and way in which the staff were observed while talking to residents. 1.2 - Staff receive training and are 'buddied' throughout their induction to ensure the systems are followed. Care plans are reflective of the level of privacy, dignity and independence upheld. 1.3 - Care plans have a strong feel around preferences and choices. One service user is only mobile on good days and requires more support on bad days, the care and support plan show that the service user likes the sensor mat to be moved very close to him on his bad days and requests that staff give more support as he still likes to leave his bed and room on the bad days. The care and support plan shows that on good days the service user is able to walk with a frame unassisted to be seated away from the bed.

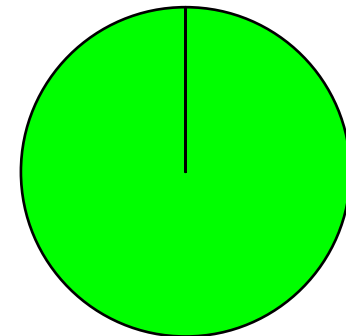
2. Consent

Score **100.0%**

Section A
Standard 2

2.2 - Mental Capacity Assessments are seen in the care plans, the assessor has given the service user the information they need to make an informed decision with information given to them in a way they understand, this can also be seen throughout the care planning. 2.6 - This can be seen and evidenced in the front of the care plans, Mental Capacity Assessments are in place, best interest decisions are also in place.

■ Met ■ Part Met ■ Not Met ■ Not assessed



Section B
Standard 2

2.1 - Staff were seen to obtain verbal consent, I observed one staff member asking if they could assist the service user to the dining area and if it was ok to help mobilise them. Care plans reflect this level of understanding.

Section C
Standard 2

2.1 - Staff were observed to obtain verbal consent on a number of occasions throughout the day. One occasion witnessed was involving a member of staff asking if they could assist a service user to the communal lounge as the karaoke was on and others were being assisted to the area. 2.7 - A Deprivation of Liberty tracker in place.

3. Care & Welfare of Service Users

Score **97.0%**

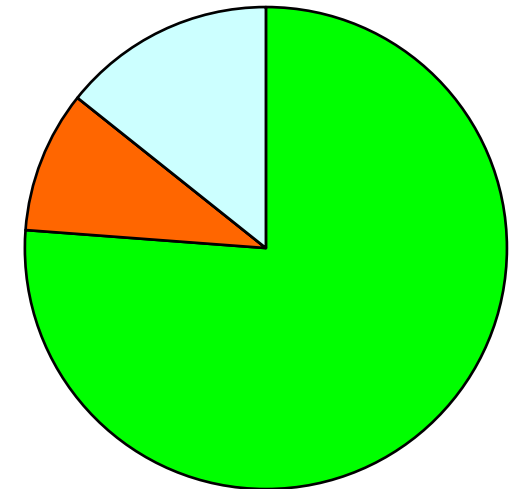
Section A
Standard 3

3.1 - Service user involvement can be seen throughout the care planning with preferences on how the service user would like support with their care show clearly in the care plans, each section has the service users choices shown around how they would like support. 3.2 - Key workers are not shown in rooms for service users, feedback from service user and relative questionnaires show that two out of three service users chose not sure as their answer to the question, do you know who your key workers is. 3.3 - Choices and preferences are shown - one service user likes to sit and watch arts and crafts but not always join in, they like to touch the pom poms and pipe cleaners as they a fluffy and sensory stimulating. 3.4 - Risk assessments are in place and actions show to reduce or stop the risk to the service user. 3.5 - Risk assessments are in place to support, and actions are in place ensure the service user remains safe. 3.6 - A resident of the day is in place whereby the care plan of the resident in the room number that matches the date of that day has their care plan reviewed, all changes are made, and the changes are signed to update the care plan. 3.7 - Risk assessments are in place. 3.8 - Services are provided to help maximise independence, for example there is a hairdresser within the home, this allows far more independence to each resident. 3.9 - Goals are set and reflect the service users' abilities.

Section B
Standard 3

3.1 - Service user feedback shows that two service users answered yes to having been involved in the care planning and one answered, don't know. 3.2 - service user feedback showed that two service users answered, don't know to the question - do you know who your care / key worker is. One answered not applicable. 3.3 - Service user feedback shows that three of three service users answered - yes, fully to the question, do you feel that the care plan takes into account your/your relative's strengths, abilities and interests? 3.6 - service user feedback showed that two answered, yes, to the question - Has you/your relatives care plan been reviewed regularly (at least annually). One answered, not sure.

■ Met ■ Part Met ■ Not Met □ Not assessed



Section C
Standard 3

3.1 - Care and support plans show that service users have preferences around their care that reflect that of the personality in their all about me page. 3.5 - Risk assessments are in place with actions, best interest decisions shown to keep the service user safe while meeting needs. 3.6 - Care and support plans are updated by a service user of the day system, this is signed in the care and support plans with and changes made that are needed. 3.7 - Risk assessments are in place to minimise the risk to service users. A falls tracker can also be seen to track trends. 3.9 - Care and support plans show goals are set that maximise independence and also improve quality of life, they are seen to be updated as the care or independence level of the service user changes.

Section A
Standard 4

4.1 - Service users have meal plans available with healthy choices and information. 4.4 - A Malnutrition Universal Screening Tool is used; this is imbedded in the care plans and body scores are referenced in the care plans. 4.5 - Documents, appointments and letters from the GP and other services are seen at the back of the care plans.

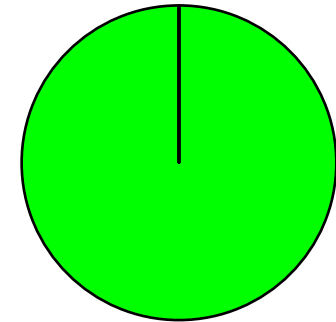
Section B
Standard 4

4.1 - Service users have menus available throughout the home and staff are able to offer support for healthy options. Care plans reflect healthy eating, and a MUST tool is in place. 4.2 - Care plans show preferences on food, for example one service user is described to have a sweet tooth and is encouraged to choose healthier options from the menu. Service user feedback shows that food is 24hr accessible. 4.3 - I observed service users seated in a quieter seating area to the main seating area, staff explained this is for residents that feel they would like a bit of privacy or to move away from the main busy seating area.

Section C
Standard 4

4.1 - Staff fed back that while healthy balanced diets are available and service users are aware of this and supported to make healthy choices, the decision to eat healthy or follow the advice given is down to the service user. 4.2 - When staff were asked if 24 hr access to food for service users was available, they said, yes - services users often ask for snacks or sandwiches between mealtimes, the snacks are prepared upon request. 4.6 - The training matrix shows that all staff complete a safer food and hygiene training.

■ Met ■ Part Met ■ Not Met □ Not assessed



5. Co-operating with other Providers

Score **0.0%**

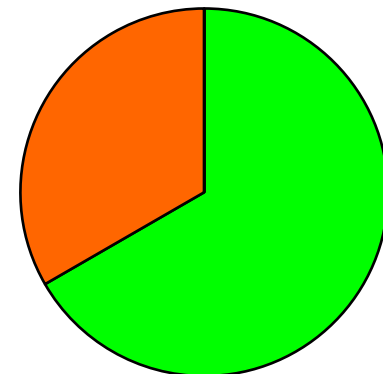
6. Safeguarding People who use the Service from Abuse

Score **87.5%**

Section C
Standard 6

6.1 - All Safeguarding are documented and up to date, training is given to staff and tracked with refresher training provided. 6.2 - Policies lack details for CQC and the Local authority. Contact details for Cambridgeshire County Council and CQC to be added to the policies where appropriate. 6.3 - Training is shown on the training matrix and tracked through this system, staff feedback highlighted that staff have a good level of understanding and knowledge around Safeguarding, showing they understand what to look for or who to report suspected abuse to. 6.4 - Deprivation of liberty safeguards are in place and shown on the Dols tracker. It is shown that these are only in place for the safety of the service user.

■ Met ■ Part Met ■ Not Met ■ Not assessed



7. Cleanliness & Infection Control

Score **100.0%**

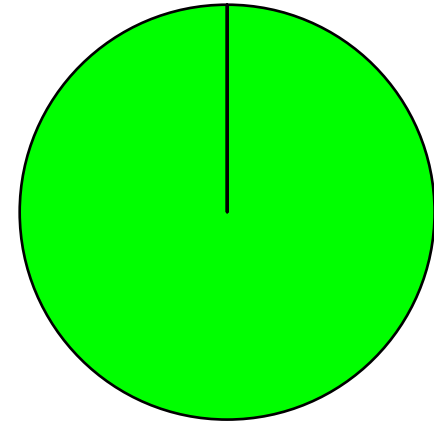
Section C
Standard 7

7.2 - Staff are provided training with refresher training in place. Service users are given information from posters throughout the home, advised and prompted by staff to follow infection and prevention control guidelines. 7.4 - Staff are offered training and have the completion rate tracked via the training matrix, staff demonstrate a good level of knowledge from feedback received and observation throughout the home.

Section E
Standard 7

7.1 - All COSHH cupboards are tidy, clean and well maintained. Consistent records of cleaning are in place and training is in place for staff around infection and prevention control. 7.2 - Posters are seen around the home for residents to read information and guidance. 7.4 - As above. The training matrix and staff files are reflective of the training given to staff.

■ Met ■ Part Met ■ Not Met □ Not assessed



Section A
Standard 8

8.4 - Service users are supported in their decisions where possible. For example, one service user was happy to take their medication but wished for it to be handed to them one at a time with a glass of water, the notes in the care plan explain the service user likes to have encouragement and reassurance while taking medicines.

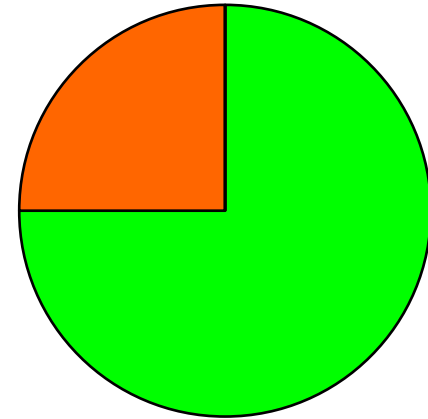
Section B
Standard 8

8.4 - The response from service users and relatives when asked Were you/your relative involved in decisions made regarding administration of their medication? Showed two responses answered with, I don't know and one with, no.

Section E
Standard 8

8.2 - All Medicine stores are locked with internal trolleys and drug cabinets locked. Controlled drugs are under lock and key separate from other drugs. 8.3 - The controlled drugs cabinet has a book with all drugs prescribed with dates signed. MAR charts show to reflect care plans and have been kept up to date, changes have been made where appropriate.

■ Met ■ Part Met ■ Not Met □ Not assessed



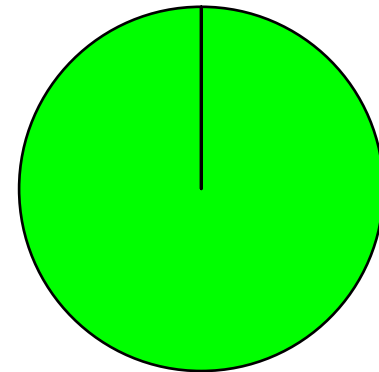
9. Safety & Suitability of Premises

Score **100.0%**

Section E
Standard 9

9.1 - A system is in place where you are able to sign in and out via an iPad at the front entrance. There are also coded doors throughout the building. Risk assessments are seen throughout the care planning. 9.2 - As above. 9.3 - As above.

■ Met ■ Part Met ■ Not Met □ Not assessed



10. Safety, Availability & Suitability of Equipment

Score **100.0%**

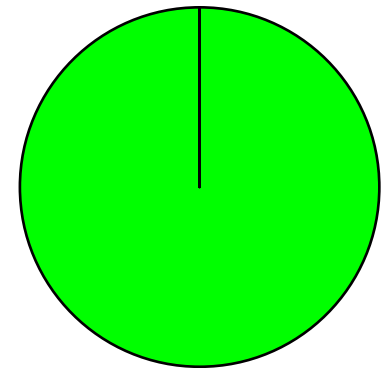
Section C
Standard
10

10.1 - On observation the home has limited storage space however equipment is stored efficiently with no corridors cluttered. Equipment is well maintained with test stickers shown and in date, paperwork for the equipment reflects this. 10.2 - Training is given to staff. From staff feedback and observation, staff have a very good level of knowledge of how moving and handling is done safely with equipment.

Section E
Standard
10

10.1 - Equipment is tested and recorded. 10.2 - Staff undergo training to ensure they are competent and confident in moving and handling with equipment.

■ Met ■ Part Met ■ Not Met □ Not assessed



11. Requirements Relating to Staff

Score **100.0%**

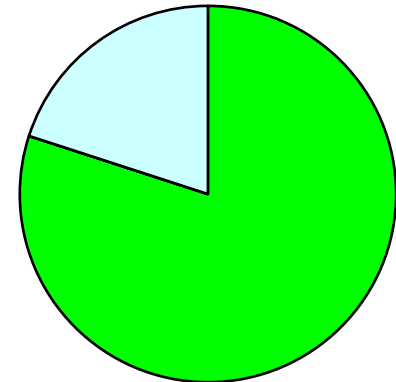
Section B
Standard
11

11.7 - The feedback from the service user and relative surveys showed that when asked the question - In your opinion, do you feel that staff work in an efficient and professional manner? All three that fed back said yes, always.

Section D
Standard
11

11.2 - All DBS checks are in place with reference numbers shown. Right to work in the UK is shown in the staff files and appropriate forms of ID obtained. 11.4 - Other services are such as the maintenance man undergo the same checks and induction process as other employee. 11.5 - Person specification and job description is given to all employees with all relevant information in.

■ Met ■ Part Met ■ Not Met ■ Not assessed



12. Suitability of Staffing

Score 100.0%

Section B
Standard
12

12.1 - Service user feedback showed that when asked the question, in your opinion, do you feel that there are adequate levels of staff on duty? Two service users answered yes, always and one answered, sometimes.

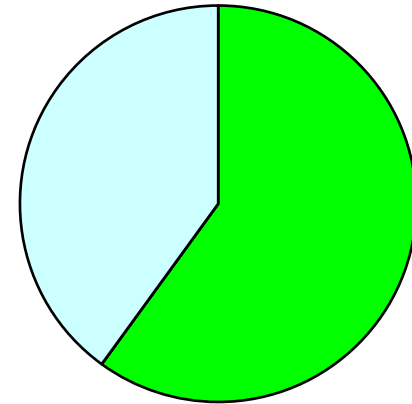
Section C
Standard
12

No comment

Section F
Standard
12

12.1 - The registered manager informed me that there are always staff on shift that are experienced and there is a minimum of staff required to be on shift that medication trained. 12.3 - The registered manager informed me that any unexpected absences are covered through agency workers usual.

■ Met ■ Part Met ■ Not Met □ Not assessed



13. Supporting Staff

Score **94.4%**

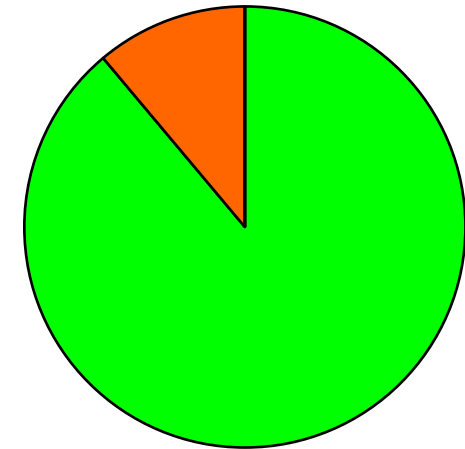
Section C
Standard
13

13.1 - The induction process has changed slightly; there is now an induction booklet which is well planned and a robust induction process. 13.2 - Supervisions are done regularly which are held in the staff files. It shows appraisals are done yearly. 13.3 - Staff are required as part of the induction process to undertake mandatory training. This is tracked for renewal through the training matrix. 13.5 - All staff undergo the same induction process with mandatory training in place. 13.8 - Robust policies are in place. Staff receive training around Harassment and bullying.

Section D
Standard
13

13.1 - The induction process is well recorded; all staff are required to undergo mandatory training. Ensure all interview notes are signed and there are two interviewers present for the interview process. 13.2 - Supervisions are done regularly and consistently recorded to show they are done around every 4 to 6 weeks. Appraisals are done annually. 13.3 - All training is up to date with mandatory training complete. The training matrix shows a completion rate of 97.88% 13.6 - Records are well recorded, dated and changes made regularly were appropriate.

■ Met ■ Part Met ■ Not Met □ Not assessed



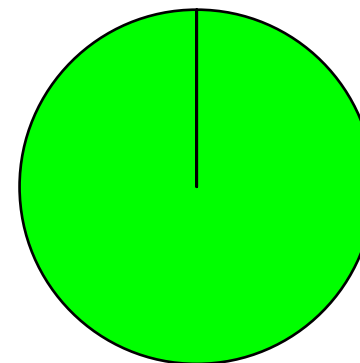
14. Assessing & Monitoring the Quality of Service provision

Score **100.0%**

Section F
Standard
14

14.1 - Quality assurance surveys are sent out annually to residents' families to request feedback on the service. There are also regular monthly meetings for residents and relatives, these are to give relatives and residents the chance to raise anything they would like to bring to the home's attention - positive or negative.

■ Met ■ Part Met ■ Not Met □ Not assessed



15. Quality of Management (Complaints)

Score 100.0%

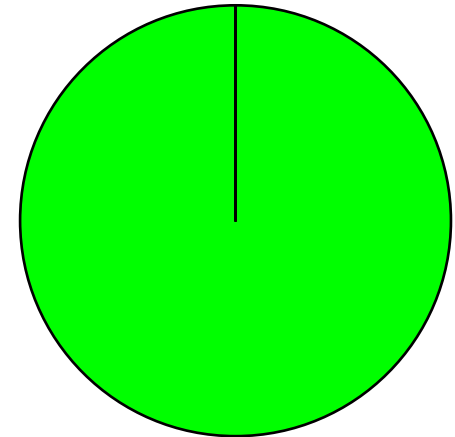
Section B
Standard
15

15.1 - when service users were asked, does the information provided about the provider (named above) detail on how, if necessary, you and/or your relative could make a complaint? Two answered yes and one answered don't know. I would advise all service users and relatives are updated on how to make a complaint and the route to follow. 15.2 - As above. 15.3 - The complaints tracker shows complaints to have been followed up with actions in place. Service user feedback shows, when asked the question, have you had to make a complaint about the care and support provided, by the provider named above in the past year? The answer from all who fed back said, no. 15.6 - Email trails from service users' relatives are seen in the complaints folder, these are seen to have positive feedback around the homes actions to resolve the complaint raised by the service user or relative.

Section F
Standard
15

15.3 - Complaints log and monthly audit is dated and kept up to date. The actions show that complaints are resolved in a timely and efficient manner. 15.6 - Meetings are held that are incorporated into the monthly resident meetings, these share information and learning. 15.7 - Email correspondence shows responses, adequate information shared and positive outcomes with positive comments from the person raising the complaint. 15.8 - All information was available upon request. Complaint details reflect details that the local authority have on record from the provider.

■ Met ■ Part Met ■ Not Met □ Not assessed



16. Records

Score 100.0%

Section F
Standard
16

16.1 - Service user records are easy to read with detail giving you a good understanding of the persons interests as their younger self, as well as what the service user is now interested in, preferences are shown on how the service users wishes for their care and support to be carried out. 16.8 - Audits are done monthly, audits are signed and dated.

■ Met ■ Part Met ■ Not Met □ Not assessed

