

Home from Home Care Limited

Orchard Lodge

Inspection report

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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

This was an unannounced inspection carried out on 23 April 2015.

Orchard Lodge provides accommodation for up to six people who have a learning disability and who need personal care. There were five people living in the service at the time of our inspection.

There was a registered manager. 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.

The Care Quality Commission is required by law to monitor how a registered person applies the Deprivation of Liberty Safeguards (DoLS) under the Mental Capacity Act 2005. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. We found that

Summary of findings

the registered persons had taken the necessary steps to protect the legal rights of those people living in the service who were being deprived of their liberty. However, the registered persons had not always ensured that people living in the service had been supported to give their consent to all of the care they received. This had reduced the registered persons' ability to fully protect people's rights when decisions were made on their behalf.

Staff knew how to recognise and report any concerns so that people were kept safe from harm. People were helped to avoid having accidents and their medicines were safely managed. There were enough staff on duty and background checks had been completed before new staff were appointed.

Staff had received the training and guidance they needed to assist people in the right way including helping them to eat and drink enough. People had received all of the healthcare assistance they needed.

People were treated with kindness, compassion and respect. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

Although key documents did not present information about care in a user-friendly way people had been consulted about the care they wanted to receive. People had been supported to express their individuality and diversity. Staff had offered people the opportunity to pursue their interests and hobbies. There was a system for resolving complaints.

People had been consulted about the development of the service and quality checks had been completed. The service was run in an open and inclusive way and people had benefited from staff being involved in good practice initiatives.

Summary of findings

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.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

People had been helped to stay safe by managing risks to their health and safety.

There were enough staff on duty to give people the care they needed.

Background checks had been completed before new staff were employed.

Medicines were managed safely.

Good



Is the service effective?

The service was not consistently effective.

Although people's rights had been protected when they were deprived of their liberty, the registered persons had not fully enabled people to give their consent to all of the care they received.

Staff had received training and guidance to support them when caring for people.

People were helped to eat and drink enough to stay well.

People had received all the medical attention they needed.

Requires improvement



Is the service caring?

The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Good



Is the service responsive?

The service was responsive.

People had not been consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who had special communication needs or who could become distressed.

People had been supported to express their individuality and to celebrate their diversity.

People were supported to make choices about their lives including pursuing their hobbies and interests.

Good



Summary of findings

There was a system for resolving complaints.

Is the service well-led?

The service was well-led.

The registered persons had regularly completed quality checks to help ensure that people reliably received appropriate and safe care.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

There was a registered manager and staff were well supported.

The service was accredited as providing staff with a high level of support.

Good



Orchard Lodge

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 registered persons are 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.

Before our inspection we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form in which we ask the registered persons to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the registered persons had sent us and examined all of the correspondence we had about the service. In addition, we contacted all of the local authorities who purchase places in the service to obtain their views about how well people's needs were being met.

We visited the service on 23 April 2015. We gave the registered persons a short period of notice before we called to the service. This was because the people who lived in the service had complex needs for care and benefited from knowing that we would be calling. The inspection team consisted of an inspector and a special professional advisor. This was a person who has a detailed knowledge of best practice in residential services such as Orchard Lodge.

During the inspection we spoke in private with four people who lived in the service. We also spoke with four care workers, the deputy manager and the registered manager. We observed care in communal areas and looked at the care records for all of the five people living in the service. In addition, we looked at records that related to how the service was managed including staffing, training and health and safety. After our inspection visit, we spoke with a further three care workers by telephone and with four relatives.

Is the service safe?

Our findings

People said that they felt safe living in the service. A person said, “I’m okay here and I’m fine with it.” Other people who had special communication needs showed us by their relaxed and confident manner that they were happy in their home. For example, we saw a person tug on the sleeve of a care worker, smile and beckon them to the window so they could look out together.

Records showed that staff had completed training in how to keep people safe. In addition, staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm.

Staff were confident that people were treated with kindness. They told us that they would immediately report any concerns to a senior person in the service. In addition, staff knew how to contact external agencies such as the Care Quality Commission if their concerns remained unresolved.

Staff had a positive approach to risk taking so that people could avoid unnecessary risks while being as independent as possible. As part of this process staff had identified possible risks to each person’s safety and had taken action to promote their wellbeing. For example, staff had carefully assessed each person’s ability to go out into the community and action had been taken to keep them safe. This included being accompanied by staff so that people could avoid hazards such as road traffic.

Providers of health and social care services have to inform us of important events that take place in their service. The records we hold about this service showed that the provider had told us about any concerning incidents. We saw that when accidents or near misses had occurred they had been analysed and steps had been taken to help

prevent them from happening again. For example, when a person had been in the community and had become distressed staff had noted how this sort of event could be avoided in the future.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and we noted that they correctly followed the registered persons’ written guidance to make sure that people were given the right medicines at the right times. People were confident in the way staff managed their medicines. A person said, “The staff do it all for me which is what I want.”

We looked at the background checks that had been completed for two staff before they had been appointed. In each case a check had been made with the Disclosure and Barring Service. These disclosures showed that the staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

The registered persons had established how many staff were needed to meet people’s care needs. We noted that the greater needs of some people for care had been noted and that provision had been made for them to have individual attention. We saw that there were enough staff on duty at the time of our inspection. This was because people received all of the practical assistance and reassurance they needed. Records showed that the number of staff on duty during the week preceding our inspection matched what the registered persons said was necessary. People who lived in the service and their relatives said that the service was well staffed. A relative said, “I’m confident that there are plenty of staff. I know that my family member gets individual time with staff and that this works to his benefit because he can then be helped to do all sorts of things.”

Is the service effective?

Our findings

People who lived in the service were not fully supported to consent to each part of the care they received or to make important decisions about their lives. This was because the registered persons had not correctly applied all of the provisions of the Mental Capacity Act 2005 and Code of Practice. In particular, there was no comprehensive written or other account of how people who lived in the service had been enabled to receive, understand and retain important information that related to significant decisions about their care. As a result the registered persons could not clearly demonstrate that they had always assumed that people had the capacity to give their consent to significant decisions such as where they lived. In addition, we could not be sure about what steps had been taken to give information to people in ways that responded to their particular way of understanding choices. For example, there were no records to show if complicated information had been presented in small amounts over a period of time to maximise the opportunities for people to understand it.

In addition to this, the registered persons had not consistently supported relatives to be fully involved in the decision making process in the way envisaged by the law. We noted that relatives had not always been given accurate information about the opportunities they could expect to have to support their family member. We also found that in some instances there was no comprehensive written account to explain how relatives' contributions had been taken into account by the registered persons when they had been acting as the 'decision maker'. This is a legal role established by the mental capacity legislation which is designed to ensure that people who know someone well are actively consulted so that important decisions are taken in a person's best interests. Although these shortfalls had not resulted in people experiencing any harm, they had increased the risk that people would not consistently receive all of the support they needed to give their consent. In combination, these problems had reduced the registered persons' ability to ensure that people benefited fully from the safeguards in the law that are designed to promote people's ability to make their own decisions.

However, the registered persons had protected the legal rights of people who lived in the service at the time of our inspection and who had been deprived of their liberty. This

was because they had sought and when needed obtained the necessary authorisations from the relevant local authorities when people had been deprived of their liberty in order to keep them safe.

Staff had been supported to give people the practical assistance they needed and wanted. We noted that each member of staff had met regularly with someone senior to review their work and to plan for their professional development.

We saw that care workers had been supported to obtain a nationally recognised qualification in care. In addition, records showed that staff had received training in key subjects including how to care for people who had a learning disability and how to practice good food hygiene and first aid so that people were kept safe. The registered persons said that this training was necessary to confirm that staff were competent to care for people in the right way. We found that staff had the knowledge and skills they needed to effectively respond to people's day to day needs for care. For example, they recognised that some of the people living in the service liked to be supported to follow their chosen routines. With this in mind sensitive arrangements had been made so that some people could have a lie in while others preferred to be up and active.

People were provided with a choice of meals that reflected their preferences. We saw that people had a choice of dish at each meal time. In addition, records showed that staff prepared alternative meals for people who asked for something different. We were present when people had lunch and noted the meal time to be a pleasant and relaxed occasion. Two people were supported by staff to prepare some of their own meal. One of them said, "I like to help because I know what I want to have to eat." We noted that some people who preferred finger food were able to dine without assistance because staff had responded to their wishes. One of these people who had special communication needs pointed to his plate and then rubbed his stomach to indicate he was enjoying his meal.

In addition, staff tactfully checked on how much nutrition and hydration people were having and people had been offered the opportunity to have their body weight checked. We noted that people had gently been encouraged to follow a healthy and balanced diet so that they could promote their good health. For example, staff had assisted

Is the service effective?

a person to avoid eating too much at any particular time so that they did not then feel unwell. The person said, “I get help from staff so I don’t snack too much and don’t have stuff that isn't good for me.”

Relatives said and records confirmed that people had been supported to use healthcare services whenever necessary. This included seeing their doctor and visiting the dentist. A relative said, “Whenever my family member is unwell the

staffs always makes sure they see the doctor and get whatever help they need. They also tell me straight away too which is reassuring.” Most of the people who lived in the service had complex needs for care. We saw that in response to this situation they had benefited from the involvement of healthcare professionals such as consultant psychiatrists.

Is the service caring?

Our findings

People and their relatives were positive about the quality of care provided in the service. A person said, “The staff do lots of things for me and I like them lots.” Another person who had special communication needs went out of their way to lead a particular member of staff into their bedrooms in order to show them a drawing they had done. The person then smiled, clapped their hands and felt comfortable adding to the drawing after receiving encouragement from the member of staff. Relatives told us that they had observed staff to be courteous and respectful in their approach. One of them said, “I really can’t speak too highly about the staff and they certainly are kind. I’d immediately know if something wasn’t right by my family member’s reactions. You can just see how much he likes them.”

We saw that people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing support to people. We saw that staff took the time to speak with people as they supported them. We observed a lot of positive interactions and saw that these supported people’s wellbeing. For example, we saw a person who had got up late being given the time they needed to settle themselves before being assisted to get dressed.

Staff were knowledgeable about the care people required and the things that were important to them in their lives.

They assumed that people had the ability to make their own decisions about routine daily matters and gave people choices about them in a way they could understand. For example, we noted that all of the people living in the service had been assisted to wear comfortable and fashionable clothes that they had chosen themselves.

Staff recognised the importance of not intruding into people’s private space. People had their own bedroom that they could lock shut when they were out. Bedrooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal lounges.

Bathroom and toilet doors could be locked when the rooms were in use. Staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so.

Written records that contained private information were stored securely and computer records were password protected. Staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis. For example, we noted how they closed the door when they were discussing private information with us and more generally stopped what they were saying if there was a risk they might be inadvertently overheard.

Is the service responsive?

Our findings

Staff had supported people to make choices about the day to day care they wanted to receive and had recorded this process in a care plan for each person. Records confirmed that these care plans were regularly reviewed to make sure that they accurately reflected people's changing choices and wishes.

We noted that most of the information in the care plans was not presented in a user-friendly way to help people understand it. For example, there was little use of pictures and colour to bring information to life. This oversight reduced people's ability to review the way in which staff had recorded their choices wishes to make sure the information was accurate.

However, we saw a lot of practical examples of staff supporting people to make choices about what they wanted to do. One of these involved a person who had previously wanted to stay at home changing their mind and deciding that they wanted to go the village shop instead. Staff then made the necessary arrangements for the person to be accompanied. When the person returned from their shopping trip they chatted, smiled and had plainly enjoyed going out.

People said or showed us that staff provided them with all of the practical everyday assistance they needed. This included supporting them to do as much as possible for themselves with a wide range of everyday tasks such as washing and dressing, using the bathroom and doing their laundry. A relative said, "I know that staff give my family member all the help they need. Whether it's helping him speak to me on the telephone or making sure that he's got all the clean clothes he needs staff give him all of the assistance he needs. I've no concerns at all."

Most of the people who lived in the service had special communication needs. We saw that staff had developed effective ways to enable people to express themselves. This included developing an understanding of the words, phrases and gestures each person chose to use. In addition, special communication passports had been devised to help people refer to objects around them to express their wishes. For example, we saw how a person

pointed towards a cupboard that contained a refrigerator. Staff recognised that the person wanted to have a cold drink which when they served was greeted by the person giving a thumbs-up sign.

In addition, staff were able to effectively support people who could become distressed. We saw that staff had identified that two people experienced difficulties in their relationship. These difficulties had resulted in a number of occasions when both of them became distressed. Staff had responded by rearranging parts of the accommodation so that the people concerned had less frequent contact. Records showed that both of the people had benefited from the change. This was because there had been a significant reduction in the number of occasions when they became upset.

Relatives said that they were free to visit the service whenever they wanted to do so. One of them said, "The staff make me feel very welcome when I call and in between times they keep in touch with me to let me know how things are going." Staff were knowledgeable about the people living in the service and the things that were important to them in their lives. People's care records included information about their life before they came to live in the service. Staff knew this information and used this to engage people in conversation, talking about their families, their jobs or where they used to live. For example, we saw a member of staff pointing to a picture of a person's relative and using a calendar to show when they would next receive a visit from them.

Staff understood the importance of promoting equality and diversity in the service. They had been provided with written guidance and they had put this into action. For example, people could be supported to meet their spiritual needs including attending a church service. We saw that the registered manager was aware of how to support people who used English as a second language. This included accessing translators and identifying community services who would be able to befriend people using their first language.

Staff had supported people to pursue their interests and hobbies. Records showed that people had been offered the opportunity to take part in a range of occupational activities. For example, one person was undertaking a course leading to a nationally recognised award in caring for animals. More generally, we saw people being encouraged to join with staff when they did household

Is the service responsive?

tasks such as laying tables and washing up. Records also showed that people were supported to enjoy a variety of social activities. These included going out into the community with staff, attending clubs and having an annual holiday. A person said, 'I go out most days. When I want to stay home, staff still ask if I want to go out to do something.' A relative said, "My family member is always telling me that he's been out to here and there. He goes swimming, out to use a trampoline and shopping with the staff. He also goes to a social club and in general he's out and about leading the full life a young man of his age usually wants."

Each person who lived in the service had received a document that explained how they could make a complaint. The procedure presented information in a user-friendly so it was easier for people to understand. We noted that the registered persons had a complaints handling procedure which was intended to ensure that all

formal complaints were quickly and effectively resolved. We were told that one formal complaint had been received since the service opened. Although some of the necessary documents and records we needed to see were not available, other information we saw showed that the registered persons had used their procedure over an extended period of time in an attempt to resolve this matter. The complaint had been made by the relatives of someone who was no longer living in the service. We noted that the matter had not been concluded to their satisfaction. However, the relatives of people living in the service at the time of our inspection said that they were confident any issues they raised would be addressed. One of them said, "I don't envisage having to make a formal complaint because any problem would be sorted out long before then. But if I had to make a complaint I think that it would be sorted out fairly and quickly."

Is the service well-led?

Our findings

People who lived in the service said or showed us that they were asked for their views about their home. A person said, “I have chats with staff and I can change things.” We saw that when people had suggested improvements their comments had been acted upon. For example, we noted how one person had been supported to choose the colour walls they wanted to have in their bedroom. Another person had been supported to use a tablet computer so that he could use social media to speak with his parents.

The registered persons had asked relatives to give their views on the service by completing an annual questionnaire. The most recent replies showed that relatives consistently expressed a high level of satisfaction with the facilities and care provided in the service. A relative said, “As far as I am concerned the service goes above and beyond what is required in that the people who live in the service come first before anything else.”

The registered persons had regularly assessed the quality of the service to ensure that people reliably benefited from the facilities and care they needed. These quality checks included how well care was provided and the management of medicines. Other checks had been completed to promote people’s health and safety. These measures included making sure that the fire safety system remained in good working order.

The registered persons had ensured that for each person there was a contract of residence with the local authority who was paying some or all of the fees. These legal documents described the resources that the local authorities and the registered persons had agreed needed to be provided to meet each person’s individual needs. All of the local authorities using the service at the time of our inspection were satisfied that the registered persons were complying with their contracts so that they met people’s needs.

People said or showed us that they knew who the deputy manager and registered manager were and that both of them were helpful. During our inspection visit we saw them talking with and spending time with people who lived in the service. They had a good knowledge of the care each person was receiving. In addition, they knew about points

of detail such as which members of staff were on duty on any particular day and which activities people were planning to undertake. This level of knowledge helped them to effectively manage the service and provide leadership for staff.

Staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. There were handover meetings at the beginning and end of each shift so that staff could review each person’s care. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way. A relative said, “I’m completely confident that the service is well run because I can see that my family member is well and happy.”

There was a business continuity plan. This described how staff would respond to adverse events such as the breakdown of equipment, a power failure, fire damage and flooding. These measures resulted from good planning and leadership and helped to ensure people reliably had the facilities they needed.

There was an open and inclusive approach to running the service. Staff said that they were well supported by both the deputy manager and registered manager. They were confident that they could speak to either of them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

In addition, the registered persons had provided the leadership necessary to enable the service to obtain a nationally recognised accreditation for good staff support. This had benefited people who lived in the service because it helped to establish reliable systems to ensure that staff could recruited, retained and supported.