The White Horse Care Trust

White Horse Care Trust - 50 Cherry Orchard

Inspection report

50 Cherry Orchard
Highworth
Wiltshire
SN6 7AU

Tel: 01793765090
Website: www.whct.co.uk

Date of inspection visit:
11 September 2017

Date of publication:
18 October 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection took place on 12 September 2017. 50 Cherry Orchard provides accommodation and personal care for up to five people who have learning disabilities. At the time of our inspection there were four people living in the home.

At the last inspection on 17 February 2015, the service had been rated 'good'. At this inspection we found the service remained 'good'.

The service ensured people living in the home were safe. Risks to people had been identified, assessed and were managed safely. Staff were aware of their responsibilities and knew how to identify and report abuse. Medicines were administered safely. The registered provider followed safe and robust recruitment procedures. There were sufficient numbers of staff to support people safely.

People received effective care. Staff were supported to undertake training needed for their professional development, including nationally recognised qualifications. Staff received regular supervisions and appraisals which enabled them to develop their understanding of good practice and to fulfil their roles effectively. Where some people were unable to make certain decisions about their care, the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed. People were supported to have their health needs met by health and social care professionals including their GP and dietitian. People were offered a healthy balanced diet and when people required support to eat and drink, this was provided in line with relevant professionals' guidance.

The service continued to provide support in a caring way. Staff protected people's privacy and dignity and treated them with respect. People's requests for support or assistance were responded to promptly and kindly. People had developed positive relationships with staff and were treated in a caring and respectful manner. People were supported to be as independent as they possibly could be.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. Any changes in people's needs were addressed immediately. People had access to a variety of activities that met their individual needs. People's relatives were aware of how to make a complaint. When concerns had been raised, they had been dealt with effectively to the complainants' satisfaction.

The service was led by the registered manager who promoted a service that put people at the forefront of all the service did. Staff were valued and supported by the registered manager and provider. They were given appropriate responsibility which was continuously monitored and checked by the registered manager. A system to monitor, maintain and improve the quality of the service was in place.

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 remains 'good'.

Is the service effective?

Good

The service was effective.

People received care from staff who were trained to meet their individual needs.

The provider acted in accordance with the Mental Capacity Act (2005) Code of Practice to help protect people's rights.

People received the support they needed to maintain good health and well-being.

Is the service caring?

Good

The service remains 'good'.

Is the service responsive?

Good

The service remains 'good'.

Is the service well-led?

Good

The service remains 'good'.

White Horse Care Trust - 50 Cherry Orchard

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 checked 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 inspection took place on 11September 2017 and was unannounced. The inspection was carried out by one inspector.

The provider had 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. During the inspection we checked if the information provided in the PIR was accurate.

We reviewed the information we held about the service. Providers are required to notify us about events and incidents that occur, including unexpected deaths, injuries to people receiving care and safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us. We also contacted the commissioners of the service to ask them for their views.

Some of the people who use the service had communication and language difficulties and because of this we were unable to fully obtain each of their views on their experiences. We relied mainly on our observations of care provided and conversations with people's relatives and staff to form our judgements. We spoke with two people using the service who were able to share their experiences of the service. We also spoke with the registered manager, the area manager, the deputy manager and two members of staff. After the inspection we obtained feedback from one person's relative.

We pathway-tracked the care of four people. Pathway-tracking is a process which enables us to look in detail at the care received by each person at the home. We observed how staff cared for people across the

course of the day, including mealtimes and times of medicines administration. We read other records relating to the operation of the service. These included risk assessments, training records, staff supervision records and management monitoring systems.

Good

Is the service safe?

Our findings

The service continued to provide safe care. People told us or indicated they felt safe living at 50 Cherry Orchard. One person said, "I feel safe here". Another person answered 'yes' when asked if they felt safe. One person's relative told us, "Cherry Orchard in my opinion is safe, well-led, effective, caring and compassionate and I would not choose anywhere else for my [person]".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. A member of staff told us, "I would document it and report it to my manager. I would also ask them for feedback or any outcome of the investigation. If they did not act on this, I would report this to the head office or to the local safeguarding team".

Risks relating to the service and to people individually were assessed. These included risks associated with fire safety, mobility, accessing the community, travelling in the house's vehicle or eating and drinking. Risk management plans formed part of the support plan for each person. They provided detailed guidance for staff and considered the least restrictive methods possible to keep people safe. The service actively supported people's positive risk taking. The benefits of positive risk-taking can outweigh the harmful consequences of avoiding risk altogether and support a person's well-being. For example, some people were keen to participate in household tasks. However, they were unable to recognise that some cleaning materials can be harmful. There were appropriate care plans in place instructing staff on how to support people in that instance. For example, people were to be supported on a one-to-one basis and staff dispensed cleaning materials for them.

Staffing levels were adjusted according to the needs and requirements of the people living at the service. The provider had defined minimum staffing levels and procedures to ensure safe levels were maintained. When there was staff absence due to sickness or annual leave, the staff team preferred to cover additional shifts themselves. This provided consistency in the support delivered to the people living at 50 Cherry Orchard, and staff told us it helped to maintain stability of people's care.

Medicines were managed safely. The medicines were stored in a designated locked cupboard. Staff told us and records confirmed they received training in the safe management of medicines. We examined the Medication Administration Record (MAR) and saw that there were no gaps in the recordings.

We saw records of maintenance and regular health and safety checks for the equipment used in the home. We also saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT), checks of electrical equipment, fire alarm testing and water temperature checks.

There were detailed maintenance records in place that showed the equipment and the environment were monitored. Any identified issues were addressed and resolved promptly.

There were robust contingency plans in place in case of an untoward event. The contingency plans assessed the risk of such events as floods, pandemics or bad weather conditions.

Good

Is the service effective?

Our findings

At our previous comprehensive inspection in February 2015 we had identified a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which is the equivalent of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had found that necessary records of mental capacity assessments and best interest decisions had not always been in place for people who had lacked capacity to decide independently on the care or treatment provided to them. At this inspection in September 2017 we found that appropriate improvements had been made.

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. We checked whether the service was working within the principles of the MCA. Mental capacity assessments and best interest meetings had taken place and were recorded as required. External healthcare representatives and other relevant professionals were involved to help ensure the person's views were represented. For example, we saw evidence of a best interest meeting held for a person who had been administering medicines covertly. Staff recognised the principles of the MCA. A member of staff told us, "The person is having full capacity unless the mental capacity assessments states otherwise".

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, there were four applications in place to deprive people of their liberty. The service always tried to use the least restrictive option before depriving people of their liberties. For example, the service had tried different options to make one person safe from falling of their bed, including a crash mat. Only after all other measures had been found insufficient to keep the person safe, bed rails were installed and the bed rails risk assessment made for the person. Staff members satisfactorily described why and how people could be deprived of their liberty and what could be considered as a lawful and unlawful restraint.

People received effective care and support from staff who had the skills and knowledge required to meet people's needs. Staff had undergone a thorough induction programme which had given them the basic skills to care for people safely. The induction programme was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. In addition to completing the induction training, new staff were provided with opportunities to shadow more experienced staff. This enabled them to get to know people and learn how they liked to be cared for. A member of staff told us, "The induction lasts three months. Mine was a lot quicker because of my previous experience of working in care. During that time I had to go through the fire procedure, policies and protocols, and care plans. Then I was shadowing a more experienced member of staff and observing how individuals would like to be supported with their consent".

The training matrix and individual records showed what training staff had completed and when they were

due for refresher training. Training sessions included moving and handling, epilepsy, first aid, positive intervention and safeguarding adults. A member of staff told us, "The training is outstanding. We always have opportunities to enrol for different courses. There is no budget restriction for training".

Records showed that staff had received regular bi-monthly supervision sessions and our discussions with staff confirmed this. The supervision sessions enabled staff to discuss their personal development objectives and goals with their line manager. A member of staff told us, "We have one-to-one supervisions every month to discuss our well-being and any concerns". Another member of staff said, "I find my supervision meetings useful. We talk about our training, if everything is up-to-date, we are provided with the training options, for example, end of life training. Also, as a person's condition is deteriorating, a nurse from the local hospice is coming in to see us. It is so good to know you have the support you need".

People received the support they needed to ensure their diet was nutritious and well-balanced. Staff had a good understanding of each person's nutritional needs, which had been assessed and documented, and how these were to be met. Staff were aware of people's dietary requirements and preferences and were able to prepare and serve foods as needed following the guidance prepared by a speech and language therapist (SALT). For example, a soft food or thickened fluids.

People were supported to access healthcare services when needed. We saw that support plans contained clear and thorough information about a person's medical history and any current conditions. This allowed staff to provide support that met people's identified medical and emotional needs. Records showed that staff obtained appropriate support and guidance from healthcare professionals when required, for example from a speech and language therapist, an oncologist or a dietitian.

Good

Is the service caring?

Our findings

People continued to benefit from the caring service. People were supported by a staff team who knew them well and had a good understanding of their individual needs. One person said, "I'm happy here". Another person showed us pictures of their favourite members of staff. One person's relative told us, "During the time [person] has been residing at Cherry Orchard it has become very clear just how attached [person] is to the staff team, more so than his actual family. This again is a measure of the commitment and compassion the team have for their residents, and the creation of a family environment".

People were treated with respect and their dignity was preserved at all times. We observed that the staff respected people's privacy. They knocked on people's doors before entering their rooms. They also ensured the curtains were pulled and the doors were closed while they were providing people with personal care. A member of staff told us, "The door is shut and the blinds are closed when I assist people with their personal care. Even though you are still supporting them, you cover them with the towel".

People were supported to be independent. A member of staff told us, "Each of the people we support is different and they require a different level of an encouragement to do things independently. This is very important to support them to do as much as they are able to do. You can't take their independence away from them".

People and their relatives were involved in the planning of their care as much as possible and could voice their views on how their care should be delivered. In order to facilitate communication, most information was provided in a format that was easy to read, with symbols and pictures. One person's relative told us, "We have often been at three-hour care meetings in which every detail is looked at in the most inclusive manner, I would class this as exemplary practice and of the highest standard".

People benefitted from being supported by staff who were aware of the importance of equality and diversity. People were encouraged to be tolerant of each other's differences and staff explained these to people to help them understand other individuals. People were supported to maintain relationships that were important to them

We saw that records containing people's personal information were kept in the main office which was locked so that only authorised persons could enter the room. Some personal information was stored on a password protected computer.

Good

Is the service responsive?

Our findings

The service continued to be responsive. People's needs were assessed prior to their admission to the service to ensure their needs could be met. One person's relative told us, "From the initial assessment through to the period of [person] having overnight stays at Cherry Orchard, I can only praise Cherry Orchard and the staff team for the attention to detail shown during this period as best practice and in an attempt to ensure the placement was suitable for [person] and the other residents already residing in Cherry Orchard".

The service was responsive to people's changing needs. One person's relative told us, "I can mention a very recent situation in which [person] was hospitalised and once again the compassion and care was exemplary from the staff team insomuch as not wanting to leave [person] in an alien environment on his own. The team put together a rota to ensure someone was at the hospital and could ensure he could be understood and not left in an anxiety provoking environment".

People's care plans included clear guidance for staff on how to support people. For example, one person's care plan stated the person enjoyed going to church. However, they were likely to display there behaviour that may challenge. The person's care plan contained detailed advice on how to manage the person's behaviour. The care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs.

People's care plans identified the appropriate an individual approach for each person. Staff knew how to comfort people who were in distress and unable to communicate their needs verbally. Staff explained to us how they read any signs of people's anxiety and described the most effective ways to comfort people. A member of staff told us, "[Person] has got her own way to show things. For example, she puts up her feet and lie down on the sofa if she is unhappy".

Care plans and risk assessments were reviewed to reflect people's changing needs. For example, one person's needs fluctuated due to their condition. The serviced worked closely with the person's GP, the hospital, an incontinence nurse and McMillan nurses.

People were offered a range of activities they could engage in. This included arts and crafts, music, puzzles and games, and trips outside the home's premises. Many people had their art work displayed around the home with their consent. A member of staff told us, "We are organising as many activities as possible. For example, trips to leisure parks, pantomime or holiday in Wales". One person was terminally ill. The service provided the person with as many opportunities to spend their time as the person wished. We saw evidence that the person had gone on holiday twice this year. The person told us, "I like going to church and going on holiday".

People knew how to complain and were confident appropriate action would be taken. The provider's complaints procedure was readily available in people's rooms. There had been one complaint since our last inspection. The complaint had been dealt with in line with the provider's policy and we saw evidence that this had been discussed at staff supervision to review any learning.

Relatives' opinions were valued by the service. These were gathered during regular phone conversations and annual reviews. People were asked for feedback by staff who used different methods of communication. For example, staff used pictures to ask people where they would like to go on holiday this year.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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 registered manager and the deputy manager promoted a culture that ensured people were seen as individuals. This culture was encouraged through all interactions with people, relatives and staff. A member of staff praised the managers saying, "It is nice to work here because we work as a team. The managers are very approachable. We are really lucky to have them".

One of the relatives described the culture of the service as open and transparent. They told us, "I believe there is also a way in measuring a service when things go wrong, as can be the case when working with and caring for very complex people. The Cherry Orchard staff have always been open and transparent about any complex situation involving [person] and the communication is excellent in terms of informing us of any difficulties that have materialised".

The quality of care and service continued to be maintained. Regular checks and audits were carried out. Any shortfalls identified were addressed to improve the care people received. Audits completed included health and safety, infection control and safe medicines management. Care plans and risk assessments were regularly reviewed which ensured they contained accurate and up-to-date information.

Team meetings were held regularly and were used to discuss good practice and oriented to achieving positive outcomes for people. Additionally, information was shared effectively at these meetings and staff were given opportunities to contribute ideas and suggestions. A member of staff told us, "We normally go through our residents' files and discuss any changes. We talk about anything upcoming for them like hospital appointments. We discuss activities coming up and we are asked for any suggestions. We talk about health and safety issues and even things like a Christmas party. We are constantly asked for any suggestions on what to do with money to improve the home".

There was a whistle blowing policy in place that was available to staff around the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to inform the CQC appropriately about reportable events.