

# Mr and Mrs T A Mills

# Apple Orchard

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on the 15 and 16 July 2015 and was unannounced.

Apple Orchard is a care home providing support and accommodation for up to 10 adults with learning disabilities. At the time of the inspection there were 10 people using the service.

Apple Orchard had a registered manager although this person was not in post at the time of our inspection. A new manager was in post although they had not applied for registration. 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.

Some aspects of the management of people's medicines were unsafe. People were not protected against being supported by unsuitable staff because robust recruitment procedures were not applied.

# Summary of findings

Although there was an understanding and correct use of the Mental Capacity Act 2005, the associated Deprivation of Liberty Safeguards (DoLS) had not been used correctly to uphold people's rights.

Although quality checks were in place did not always seek and act on feedback from people or their representatives on the services provided or identify areas for improvement.

We had not been notified of some incidents affecting the wellbeing of people living at the home. CQC monitors events affecting the welfare, health and safety of people living in the home through notifications that providers are required to send to us.

There were sufficient staff to meet people's needs and people were protected from the risk of abuse by staff who understood safeguarding procedures.

People were consulted on a range of topics including meal choices, their choices of activities and wishes for the future. This resulted in people receiving individualised support.

People received support from caring staff who respected their privacy, dignity and the importance of independence. There were arrangements in place for people and their representatives to raise concerns about the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

# 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 not fully safe.

The management of medicines was unsafe and did not protect people using the service.

Although there were sufficient numbers of staff, people were not protected from the appointment of unsuitable staff because robust recruitment practices were not operated.

People were protected from abuse because staff understood how to protect them.

**Requires improvement**



### Is the service effective?

The service was not fully effective.

People's rights were not protected because the Deprivation of Liberty Safeguards were not understood and had not been used correctly.

People were cared for by staff who received appropriate training and support to carry out their roles.

People were consulted about meal preferences and supported to eat a balanced diet.

People were supported through access and liaison with health care professionals.

**Requires improvement**



### Is the service caring?

The service was caring.

People benefitted from positive relationships with staff.

People were able to express their views about the support they received.

People's privacy and dignity was promoted and respected by staff.

People's choice to be as independent as possible was understood and actively supported by the service.

**Good**



### Is the service responsive?

The service was responsive.

People received individualised care and were supported to take part in a choice of activities.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

**Good**



# Summary of findings

## Is the service well-led?

The service was not as well led as it could be.

Required information in the form of notifications about allegations of abuse affecting people using the service had not been sent to the CQC.

Quality checks did not always seek or act on information from relevant persons.

Apple Orchard had not had a registered manager in post since November 2014.

The manager was accessible and open to communication with people using the service and staff.

**Requires improvement**



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

This inspection took place on 15 and 16 July and was unannounced. Our inspection was carried out by one inspector. We spoke with three people who lived in the home. We also spoke with the manager and three

members of support staff. We carried out a tour of the premises and reviewed records for four people who lived in the home. We looked at two staff recruitment files and information relating to the running and management of the service. We checked the medicine administration records (MAR) and medicine storage arrangements for people using the service.

Before the inspection, the provider completed a provider information return (PIR). The PIR 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.

# Is the service safe?

## Our findings

People's medicines were stored securely however the temperature of medicines stored in the medicine cupboard and in two people's individual rooms were not being monitored therefore it was not clear if these medicines had been stored at the correct temperature. If medicines are not stored properly they may not work in the way they were intended and so pose a potential risk to the health and wellbeing of the person receiving the medicine.

People's medicine records were not always managed safely. Hand written directions for giving people's medicine had been written on the medicines administration record (MAR) by staff. These included antibiotics and eye drops. However there was no signature of the staff who had entered the directions on the administration chart and a second member of staff had not signed these directions to indicate they were checked and correct. Not following this process could result in errors in how people are given their medicines. We also found that there were gaps in the recording of when people had taken their medicines. There were no signatures or codes recorded on the MAR for when medicines were taken or not taken for one person for 8, 20 and 31 May and the 10 July 2015. This was despite the medicines policy for Apple Orchard stating "the person administering the medication should sign the service user's MAR chart at the time the medication is given to say that it has been given and taken".

Some medicines were kept in stock that could be given to people without a prescription, these included pain killers and a cold remedy and were referred to as domestic medicines. However there was no evidence that the use of these medicines had been approved by people's GPs. The medicine policy stated domestic medicines should have "written permission from a service user's GP or from a GP practice clearly stating which medicines are considered acceptable".

We found that the registered person had not protected people against the unsafe use and management of medicines. **This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Some people managed their own medicines, risk assessments had been completed and storage facilities provided in people's rooms.

People were placed at risk of being cared for by unsuitable staff because robust recruitment procedures were not always applied. One staff member had been employed without checks of their conduct or reasons for leaving all of their previous employment which involved caring for vulnerable adults or children. Both members of staff had been employed without information on their health being checked to ensure they were suitable for their role.

We found that the registered person was not operating effective recruitment procedures because they did not ensure all the information specified in Schedule 3 was available.

**This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Disclosure and barring service (DBS) checks had been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People were protected from abuse by staff with the knowledge and understanding of safeguarding policies and procedures. Information given to us at the inspection showed all except for one recently recruited member of staff had received training in safeguarding adults. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service, they were confident that any incident or allegation of abuse would be dealt with correctly. Contact details for reporting safeguarding concerns to the local authority were readily available for staff use. Incidents of abuse in 2014 had been reported to the local authority. People told us they felt safe living at Apple Orchard. People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely.

During our inspection visit work was taking place on the roof of the care home, a risk assessment had been completed to identify and manage any risks to people using the service. Risk assessments were in place for the risks to people associated with fire and electrical appliances and systems. Personal fire evacuation plans were in place for people using the service should they need

## Is the service safe?

to leave the building in an emergency. However there was no assessment of any risk to people using the service from Legionella. This had been identified for action by the registered provider although not completed.

People had individual risk assessments in place. For example there were risk assessments for travelling alone, ironing and for a person to use a kettle in their room. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. The approach promoted people's freedom and supported their independence.

People told us they felt there were enough staff to meet their needs. The manager explained how the staffing was arranged to meet the needs of people using the service with staff numbers increased to support people outside of the home when required. Staff at Apple Orchard were supported by management using an 'on-call' system. During our visit we observed there were enough staff to meet people's needs. Staff told us they felt staffing levels were safe.

# Is the service effective?

## Our findings

People were at risk of their rights not being protected. At the time of our inspection visit there had been no assessments of people relating to restrictions on their liberty. This did not reflect the new court judgement in relation to the Deprivation of Liberty Safeguards (DoLS). The DoLS protect people in care homes from inappropriate or unnecessary restrictions on their freedom. One person had a care plan indicating their liberty would be restricted by how they were supported. We discussed this person's needs with the manager. No application had been made for authorisation to deprive this person of their liberty.

### **This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Best interests decisions had been made and recorded for 'day to day' decisions for people using the service such as personal care. Decisions involved consultation with people's representatives such as relatives. This demonstrated the use of the Mental Capacity Act (2005) (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain decisions for themselves. Staff had received training in the MCA and demonstrated an awareness of the principles of the MCA such as it applying to specific decisions.

People using the service were supported by staff who had received training for their role. Staff had received training in areas such as first aid, infection control, fire safety and health and safety. They told us they felt the training provided by the service was enough for their role. Some staff had also obtained nationally recognised qualifications relevant to caring and supporting people. One member of staff commented "our training gets renewed when it needs renewing". Information given to us following the inspection visit confirmed the training that staff had received.

Induction training in line with national standards had been completed by members of staff. The manager was aware of

the introduction of the new Care Certificate qualification for staff new to providing care and support to people. Staff had regular individual meetings called supervision sessions with the manager 3 to 4 times a year as well as annual performance appraisals. There were regular staff meetings. Effective team working to support people using the service was a theme which emerged strongly from the feedback we received from staff

People were regularly consulted about meal preferences. Minutes of house meetings showed how people were asked for their opinions on menus and their views noted for action. The manager told us how a healthy balanced menu would be achieved by limiting the number of takeaway meals and supporting healthy choices with suggestions to people about meal choices. People told us about their favourite meals with one person commenting they had "nice meals". The current menu for Apple Orchard had been produced with input from all of the people living at the home. One person followed a vegetarian diet they gave us examples of vegetarian meals they had been served. Staff had an awareness of the person's meal preferences and ensured that suitable meals were provided. A kitchen food diary recorded the meals given to people on a daily basis. However there was only one instance of an alternative meal being provided for one person who opted not to join other people on a meal out on the first day of our inspection visit. We discussed this with the manager who agreed to look into this.

People's healthcare needs were met through regular healthcare appointments and liaison with health care professionals. People had health action plans and hospital assessments. They described how people would be best supported to maintain contact with health services or in the event of admission to hospital. Records had been kept of people's attendance at healthcare appointments. People told us they had visited their doctor and the dentist. People also attended hospital outpatient and optician appointments and were visited at Apple Orchard by a chiropodist.



# Is the service caring?

## Our findings

Our observations and conversations with people showed positive caring relationships had been developed with staff. People were able to identify their key workers with documents produced in a suitable format including pictures and plain English to support these relationships. Keyworkers are members of staff assigned to take responsibility and to work closely with an individual person using the service. One person's key worker had recently left and they told us how they were looking forward to having a new keyworker. People told us they would approach staff if they were unhappy about anything. One person told us how they were "happy" living at Apple Orchard which they described as a "nice place". We saw staff spending time talking with people and arranging outings for people. Staff were positive about their role and spoke passionately about supporting people at Apple Orchard.

People were involved in decisions about how they spent their day and aspects of how the service was provided. Minutes of house meetings demonstrated how people using the service were able to express their views. At the meetings people gave their views on menus, choices of holidays, activities and the environment of the home. Meetings were held on a monthly basis. Some people were able to exercise their choice to remain in the home when staff and others went out on a trip. Risks had been assessed and managed to support people when they chose to do this. The manager was confident they could obtain

information about advocacy services if required although there was no information readily available for people using the service. We discussed this with the manager who agreed to rectify this.

People's privacy and dignity was respected and promoted. People we spoke with confirmed that staff knocked on their door before entering their room and this was the practice we observed during our inspection visit. Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. For example when supporting people with personal care they would ensure people were appropriately covered and doors were closed. The PIR stated "We encourage and train staff to be always communicating with the service users in meaningful ways when carrying out personal care and to avoid being just routine and task-centred".

People were supported to maintain independence, people's ability to care for themselves had been assessed and documented for staff reference. The approach to assessing and managing risk enabled people to maintain and develop their independence both within Apple Orchard and in the wider community. Risk assessments recorded the benefits for a person of carrying out a particular task such as "Increased independence and acquisition of new skills". Staff demonstrated an awareness of the importance of promoting people's independence. One member of staff told us they would "offer people the choice to do things for themselves". Depending on their abilities and the assessed risk, people were enabled to work in the community, travel independently, shop for themselves and be involved in shopping for the care home such as food shopping.

# Is the service responsive?

## Our findings

People received care that was personalised and responsive to their needs particularly in how people were supported to achieve levels of independence within Apple Orchard and in the community. People told us how staff reviewed their support needs through discussion with them. Support plans contained detailed information for staff to follow to support people in their lifestyle and chosen activities. Peoples wishes and plans for their future were presented in a document called “My agenda” this was presented in a suitable format written in plain English and included pictures of the person and their keyworker. This could act as a reference point for the person and staff supporting them. As well as plans for the future the document also celebrated key events and achievements in the person’s life such as one person who won a medal at the Special Olympics and working in a café. People’s goals were recorded for each year and recorded when they had completed them. For example one person had wanted to attend a concert or show and recording showed this had been achieved.

People were supported to take part in activities and interests both in the home and in the wider community. Activities included attending college, visiting local social clubs and horse-riding. At college people had achieved qualifications in life skills and taken part in courses on baking and cooking. People had been supported to book and take holidays in Great Britain and abroad.

People were also supported to maintain contact with family in response to their wishes. Contact with people’s families had been achieved through telephone or electronic means as well as visits to Apple Orchard. People visited their families which for some involved overnight stays. Where people had little or no contact with family members, this had been identified and measures put in place to provide appropriate support. The PIR stated “we understand that is important to a lot of people that they have relationships which exist outside of their living environment. It is for this reason we are aiming to contact a company which specialises in offering one to one visits for service users who may feel lonely due to the lack of relationships outside of the care professionals supporting them.” The manager confirmed that use of this service had started.

There were arrangements to listen to and respond to any concerns or complaints. The PIR stated “We have a clear complaints procedure, which service users and their relatives know how to use if they wish to make a complaint about our service”. No complaints had been received in the twelve months before our inspection visit. Previous complaints were recorded, investigated and responses provided to complainants. The manager described how house meetings offered people an opportunity to raise any concerns. Minutes of meetings showed how people had raised issues about the heating in some rooms. The manager reported that as a result of these concerns, remedial action had been taken.

# Is the service well-led?

## Our findings

Important events affecting people using the service had not been notified to us, this is a legal requirement. We had not been notified of three incidents from May, June and August 2014. CQC monitors important events affecting the welfare, health and safety of people living in the home through the notifications sent to us by providers.

### **This was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.**

Feedback had been sought from people using the service through questionnaires in 2014. Comments had been received about, meals provided, meal times and activities at weekends. However no conclusions had been made from the responses given to check if people were satisfied with the service or if any improvements could be made. In addition no feedback had been sought from representatives of people using the service such as relatives or health and social care professionals.

### **This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Apple Orchard had previously had a registered manager although this person was not in post at the time of our inspection having left in November 2014. A new manager was in post although they had not applied for registration at the time of our inspection.

The manager described the vision and values of the service included maintaining a safe environment for people and valuing Apple Orchard as the home of people using the service. The values were communicated to staff through supervision sessions and the policies and procedures of the service. Staff understood the importance of recognising that Apple Orchard was the home of people using the service. Minutes of staff meetings demonstrated also that staff were kept informed about developments in the service.

Staff gave positive views about the management of the service particularly under the current manager. One staff member told us the manager was “very approachable”. Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider’s organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

A system of audits was in use which examined various aspects of the service provided. These included checks on medicines, people’s finances as well as health and safety checks for example on first aid boxes and people’s individual rooms. However audits for medicines were not sufficiently robust for the identification of issues as evidenced by our findings during this inspection visit. In addition the audit system had failed to address the lack of completion of a legionella risk assessment.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**Appropriate arrangements were not in place to protect people against the unsafe use and management of medicines.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**The registered person was depriving a person of their liberty without lawful authority.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**The registered person was not seeking and acting on feedback from relevant persons on the services provided and other persons in the carrying on of the regulated activity.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**The registered person was not operating effective recruitment procedures because they did not ensure all the information specified in Schedule 3 was available.**

### Regulated activity

### Regulation

This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

The registered person had not notified the Commission of incidents of abuse relating to people using the service which occurred whilst services were being provided in the carrying on of a regulated activity.