Crystal Care and Support Limited

Orchard Lea

Inspection report

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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

Orchard Lea is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Orchard Lea can accommodate up to six people and at the time of the inspection there were six people living at the home. The accommodation is two-storey, with four bedrooms and a bathroom on the ground floor. Bedrooms were spacious and personalised. The ground floor had a kitchen, dining room, living room and access to a fenced back garden.

The service has been developed and designed within the values of the 'Registering the Right Support' principles. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any other citizen.

There was a registered manager in post who was on maternity leave so the registered provider's nominated individual, who was a company director, was in charge of the service and available throughout our inspection. 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 home was found to be safe and secure. Visitors had to wait for staff to answer the door, identify themselves and sign in and out.

The service used the local authority safeguarding procedures to report any safeguarding concerns. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

The administration of medicines was safe. Staff had been trained in the administration of medicines.

The service was clean, tidy and homely in character. Staff were trained in the prevention and control of infection to help protect the health and welfare of people using the service.

Potential risks to people had been identified in their activities of daily living and action taken to minimise the risk whilst encouraging and maintaining their independence.

There were suitable numbers of trained staff available to support people's needs.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and could apply them to the people they supported. People's capacity to consent to specific decisions was assessed when required.

Information was provided to people in accordance with the Accessible Information Standard 2016. People and their relatives knew how to raise concerns.

We observed good interactions between staff and people who used the service. People and their relatives told us staff were kind and caring.

We saw from our observations of staff and records that people who used the service were given choices in many aspects of their lives and helped to remain independent where possible.

We saw that the quality of care plans gave staff sufficient information to support people using the service. Plans of care were person centred and reviewed regularly to help people meet their health and social care needs.

Relatives told us that when their family member moved in, they settled quickly, said only good things about the service and grew in confident.

Activities at the home and in the community were based on what people wanted do, achieve, and be involved in. The sessions included being part of community groups, shopping and visiting relatives.

Audits were completed, and the nominated individual had a clear overview of what was happening in all areas of the service. Staff were involved in discussions about the quality of people's support and care and took a team approach to promote improvements to people's lives.

There was an 'open door' policy by the managers, which was identified by people, relatives and staff. The management team believed in ensuring the service had a homely environment, maintaining good support for relatives and making improvements where required.

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 remains good.

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.

Orchard Lea

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 comprehensive inspection took place on 03 and 04 January 2019 and was unannounced.

The inspection team consisted of one inspector. Prior to the inspection we reviewed information we held about the service including information from notifications. Notifications are events that happen in the home that the registered provider and registered manager are required to tell us about. We also considered the last inspection report, the information supplied in the Provider Information Return (PIR) and information that had been supplied by other agencies.

We met with five people using the service and staff who gave direct care and support. We spent time observing people in the communal areas of the home. We observed how people were being cared for and supported by staff which helped us understand peoples' experience of living at the home.

We spoke with the nominated individual who was also the acting manager, the deputy manager and five members of staff. We spoke in depth with two people and four relatives. We looked at three people's care records including their care plans, health action plans, daily diaries and medication administration records. We also sampled other records such as staff recruitment files and at records relating to the management of the home which included audits and surveys.

Good

Is the service safe?

Our findings

The service remains good.

People and relatives told us they felt the home was a safe place to live in. One person's comment used to describe the home was, "I think it's safe here" and relatives said, "She feels very safe and secure living here" whilst another told us, "He trusts staff here."

People's care records contained detailed risk assessments which were individualised for the person they were written for. Staff were provided with a clear description of any risks and the support people needed to manage those risks. The risks around the use of equipment were clearly detailed. For some people this included using the kitchen. We found there were risk assessments for other parts of the service such as fire, harmful substances and when out in the community.

Regular safety checks took place throughout the home, to help ensure premises and equipment were safe. Fire safety checks were in place, and people had personal emergency evacuation plans which included their name, how they mobilised, how they communicated and any behavioural issues. This meant the emergency services would know the right action to take to manage people safely. We found two fire doors where staff used wooden wedges to hold them open. The nominated individual stopped this practice and was going to seek professional advice on alternative safe methods for keeping doors open.

Medicines were stored and administered safely. Medicine competency checks had been undertaken by the nominated individual to ensure staff were safe in medicine administration. The service also used an external auditor to assess the medicine administration system. The senior carers followed national recognised best practice in the management of medicines and took the responsibility for booking new medication into the service and undertaking audits. We found the medicine administration charts were being filled in. An ambiguity on the number of tablets to give one person was dealt with by the staff contacting the person's GP to get clarification. Not every person who was supported by staff to apply topical creams had a body chart showing where the cream should be applied. By the afternoon of our visit everyone using topical creams had a body chart showing where to apply it and this helped maintain consistency of care.

Staff discussed when additional medicines prescribed 'as required' could be given but there no written guidance to support this. This observation was discussed with nominated individual and senior care staff who said they would document the reasons for giving 'as required' medicines.
People, staff and relatives confirmed the staffing levels were appropriate to meet the needs of those living at the home. One person said, "I'm never rushed." Staff confirmed there were adequate staffing levels and most people at the service were mainly out at day care or other planned activities during the week. A staff member said, "There is no need to rush; we have enough staff to do what's needed". The nominated individual told us staffing arrangements were flexible and additional staff were scheduled to work to meet people's needs. This was reflected in the duty rotas we looked at.

We looked at three staff files and found safe recruitment practices had been followed. For example, the

service ensured references had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

People were protected from the risk of infection. The premises were clean and tidy. Staff had been trained in infection control and were able to tell us what they did to keep the people safe from cross contamination.

Good

Is the service effective?

Our findings

The service remains good.

Prior to using the service an assessment of people's needs was completed. This was to ensure their needs were suited to the service and could be met, Each care plan was based on a full assessment of people's needs and demonstrated the person and their relative were involved in preparing their plan. The care plans were reviewed every two months and amended when changes occurred. The daily care records were detailed in describing what care and support people received.

People received care from staff that had the necessary knowledge, skills and experience to perform their roles. Staff felt they received the training they needed to deliver quality care and support to the people living at the service. The service provided training in topics they considered mandatory, such as health and safety, fire safety, infection control and food hygiene. Additional training was also sought and provided to staff depending on the specific needs of people living at the service. For example, epilepsy awareness training. People told us staff knew what they were doing when they provided support. Relatives thought staff had the training and skills they needed when supporting their family members. A relative told us, "Yes they definitely care for him properly" and another said, "It's definitely the right support and care for her here."

We found staff received ongoing support from the management team through a programme of regular supervision and appraisals. All care staff were required to obtain nationally recognised qualifications in care. The provider used the Care Certificate for all staff new to care, which is the agreed set of standards that sets out the knowledge, skills and behaviours for care staff.

People told us they enjoyed the food at the service and could always choose something different on the day if they did not like what was planned. Relatives said their family members enjoyed the food provided. One person told us, "I like the food; I can choose what to eat." A relative told us, "She likes her food and they ask her what she would like." The menus offered a vegetarian alternative each day and the menus included people's choice of meals. The menu we viewed did not identify the vegetables being served with the meals. The nominated individual confirmed that the menus were not being reviewed to ensure a balanced diet and would be involving a dietician or nutritionist to assess the menus for healthy eating.

People's rights to make their own decisions, where possible, were protected. We saw staff asking consent and permission from people before providing any assistance. The care records also contained forms where the person had given their consent to health care professionals being allowed to read their care records and consent to have their photograph taken.

Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards. At the time of our inspection the service had identified the people living at Orchard Lea who were potentially

being deprived of their liberty. Applications had been made to the local authority for the required assessments and authorisation. Some of the mental capacity assessment we looked at were three years old. We highlighted this to the nominated individual who said everyone in the service would be reassessed.

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists. People and their relatives said they could access health professionals when they needed to. One person told us that he was, "Seeing a doctor in hospital" and a relative said, "We sometimes go and visit the GP together."

The managers described the changes made to make the service more accessible as people's needs changed. Recently more grab rails had been fitted to assist people in avoiding any slips or falls.

Good

Is the service caring?

Our findings

The service remains good.

People were treated with care and kindness. People told us, "Of course the staff are nice" and another said, "They are very kind." Relatives told us, "I am very, very happy with the service, he is at ease and comfortable in the home" and another said, "He is very happy here, he's happy and settled."

Staff we spoke with knew people well. People were comfortable with staff and we observed friendly two way conversations between them. Relatives said staff were caring when they supported their family member and people were complimentary about the staff. One person told us, "I like it here; they are very nice staff" and a relative said, "The staff are very person centred, they want to work round him rather than expect him to fit in with them."

People were supported to develop and maintain relationships with those who were important to them. People were assisted to visit or go out with their family when they wanted to. One relative told us how staff arranged for people to provide presents for their families. Another relative described going on holiday with their family member and staff accompanied them.

People's rights to privacy and dignity were supported. People felt staff knew how they liked their care and support. People told us staff never entered their rooms without permission and we saw staff knocking before entering people's rooms. People's records were locked in an open area near to the office but the area was monitored at all times to maintain confidentiality of the records. People had information in an easy read format to help them understand what was being recorded about them. People were offered their preferred gender of carer and this was recorded in the care records we reviewed.

Discussion with the staff revealed that people using the service had a range of diverse needs in respect of some of the seven protected characteristics of the Equality Act 2010. The nominated individual gave an example of where they had to formally challenge prejudice in the community to protect people with disability.

People's care plans focused on what they could do and how staff could help them to maintain their independence and keep them safe. People's abilities were kept under review and any change in independence was noted, with changes made to their care plan and support as necessary. Relatives said staff encouraged their family members to be as independent as possible. One relative said, "He's been encouraged to do things that he could not do before and when he is home people say how much more 'chatty' he is." Another relative said, "She bottled things up but now says more because staff deal with it differently."

Good

Is the service responsive?

Our findings

The service remains Good.

People took part in a variety of activities both within the service and in their community. Some people went to day placements, others went shopping on a regular basis and several went home to their families. The nominated individual told us activities were discussed at the team meeting and both staff and people using the service looked out for local activities which were of interest to them.

The relatives told us and the records showed that staff actively encouraged people to keep good relationships with their family. Relatives told us that people were encouraged to acknowledge family birthdays and other events like buying presents and giving cards at Christmas. One relative said, "We do not feel left out" and another said, "The manager bends over backwards to involve everyone and support our family."

People's needs were assessed before moving into the home. The nominated individual explained the importance of a planned approach to ensure people were suited to the home and the people living there. Care plans detailed people's care needs and some sections used easy read care records. These were written in a way people could understand and each section contained descriptive pictures. The records gave staff a clear understanding on how to support the person and what mattered to them, their choices and their preferences. People and their relatives had been encouraged to be involved in writing their own care plans with their support workers and the records were person-centred. One person told us, "I decide what I like" and a relative said, "They definitely give her the right support, the staff talk to us, we work together."

Any significant events in a person's day were recorded in individual daily diaries. Trends in behaviour were also recorded so that patterns could be recognised and strategies put in place to minimise the risk and maintain people's well-being. Staff had handovers to help ensure they were up to date with people's changing needs.

There was a complaints procedure in place. Everyone we spoke with were complimentary about the service. Where there had been a concern from a relative, the service dealt with it positively and promptly. People and relatives told us they were confident about raising any issues with the staff and felt they would be listened to. A person told us, "If I am worried I would talk to staff." A relative told us, "The manager is very approachable and so are any of the staff."

Information was presented in an accessible format, to meet people's individual needs. The service met requirements of the Accessible Information Standard 2016 (AIS). The AIS is a legal requirement for health and social care services to ensure information about people's care is provided to them in their preferred and accessible format. We saw documents which would accompany people to hospital and the complaints procedure were written in an easy to read format.

The staff were aware of the need to discuss end of life care with people and their families as part of their care

review when appropriate. The nominated individual was sensitive to people's needs in this area and had supported people and their relatives when the situation arose.

Good

Is the service well-led?

Our findings

The service remains good.

The service was well-led by a nominated individual who was also a director of the service and they had a complete overview of how the service was run. They were also visible in the service and got directly involved in caring for people in the home. One relative referring to the nominated individual said, "She is very approachable."

The nominated individual had a clear vision for their service which was, "To provide a family orientated home and for people to be looked after properly." One person told us, "I like it here it's my new home." A relative said, "It's immaculate here. It does not resemble a care home, it feels like a home from home."

The provider had an audit system in place and the service's staff and the provider's maintenance staff ensured health and safety audits of the premises were carried out. The managers and staff undertook other audits of the service as part of their roles. For example, audits of care plans and health risk assessments. Staff carried out other health and safety checks on a daily or weekly basis. The service also employed an independent assessor who visited the home monthly to audit and measure the quality of the service.

People benefitted from a staff team that were happy in their work. Staff told us they felt the service was well-led and they enjoyed working at the service. They felt supported by the management and their colleagues. Staff said they were provided with training that helped them give care and support to a good standard. Comments from staff included, "I really enjoy working here" and "I really do feel part of the team."

There were clear lines of responsibility and accountability within the service. The nominated individual oversaw the day to day management of the service. They were supported by a deputy manager, senior support workers and held regular meetings with staff and people using the service.

The management team had an 'open door policy' and we saw this applied to people and staff. Staff told us they felt supported by the management team and that they knew they could go to them if there were any concerns or if they needed advice. We saw that the staff team worked and communicated well together and spoke positively about the support they received from one another.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included, healthcare professionals such as GP's, specialist nurses and other health professionals.

Feedback about the service was actively sought. This was through house meetings, contacting professionals and reviews involving people and their family. In addition, staff attended regular meetings and were given the opportunity to discuss their ideas, identify what was working well and how to improve people's quality of life. One member of staff told us, "We have regular meetings, we are listened to and our ideas and thoughts are taken on board" and another said, "The manager gives everyone the opportunity to speak out

and they are well attended."