Salutem LD BidCo IV Limited

# The Old Orchard Care Home

## 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

About the service:
The Old Orchard Care Home is a care home that provides personal care for up to five people. The accommodation was on one level in a purpose-built building which provided individual bedrooms with ensuite bathrooms and a communal lounge, kitchen and dining area. At the time of the inspection there were five people using the service.

People's experience of using this service:
People received care from flexible staff who had received training to ensure people were protected from harm. Risk assessments had been completed to ensure all aspects of people's daily life which had been reviewed and measures put in place to reduce the risk of harm. Staff knew the importance of following the guidance provided. Medicines were managed safely to ensure people received medicines to support their pain control or long-term condition. The home was cleaned to a standard to reduce the risk of infection. Any incidents which had occurred had been reviewed and lessons were learnt, to reduce the risk of the incident reoccurring.

Staff had received training for their role and there were opportunities for staff to progress. Care was provided using the latest best practice, to ensure people's needs were supported. People's dietary needs had been met and their health care monitored to ensure any required appointment or referrals had been made. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. The environment had been designed to meet each person's needs and they were able to personalise their space.

Staff provided care which was respectful and ensured each person's dignity was maintained. Relationships had been established and people's wishes were followed using a range of communication methods. Relatives were made welcome and people could access advocates if required.

Care plans were detailed and covered all aspects of people's care. These included specific aspects of care which were important to the individual. There were opportunities for people to enjoy regular activities or spontaneous new experiences. When care was provided the person had an opportunity to choose the gender they preferred for their care. The provider was developing end of life care plans which would reflect aspects important to the individual.

There was a complaints policy, and any concerns had been recorded and responded to. There was a new auditing tool which covered all aspects of the service. It was used to follow up any accidents, incidents or actions following an audit. This reflected ongoing quality improvements.

People's views were considered through family contacts and understanding of people's needs, to ensure the service was meeting their needs. Staff felt supported by the provider and local management in delivering

care to people.

Partnerships had been developed and there were opportunities for improvements to continue to improve the service. Notification had been provided following any events. There was an open atmosphere which created a warm homely environment.

Rating at last inspection:
The last rating for this service was good (published 11 March 2016). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected: This was a planned inspection based on the registration with us.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

## 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 was safe

Details are in our Safe findings below.

**Is the service effective?**

Good

The service was effective

Details are in our effective findings below.

**Is the service caring?**

Good

The service was caring

Details are in our caring findings below.

**Is the service responsive?**

Good

The service was responsive

Details are in our responsive findings below.

**Is the service well-led?**

Good

The service was well-led

Details are in our well-led findings below.

# The Old Orchard Care Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was completed by one inspector.

The Old Orchard Care Home is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service provides care and support to five people living in a purpose-built building. The service has been developed and designed in line with the principles that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was in the process of recruiting a manager who will then register with the Care Quality Commission. However, in the absence of their registration, the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced

What we did before the inspection:
We reviewed information we had received about the service since the last inspection, to support the planning of this inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority, clinical commissioning group (CCG) and other

professionals who work with the service. We also used the completed Provider Information Return (PIR). We assessed the information we require providers to send us at least once annually to provide some key information about the service, what the service does well and improvements they plan to make.

During the inspection'.
We used a range of different methods to help us understand people's experiences. All the people using the service were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We spoke with three members of care staff, the senior care staff and the registered manager from another location who was supporting the home. After the inspection we contacted a relative and an advocate who had links with the service.

We reviewed a range of records. This included two people's care and medicine records. We also reviewed the process used for staff recruitment, various records in relation to training and supervision, records relating to the management of the home, and a number of policies and procedures developed and implemented by the provider.

Good

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
•People were protected from the risk of abuse. There was a policy which clearly described how to keep people safe from the risk of harm. Staff we spoke with were aware of the policy and were provided with regular training to ensure that they could recognise the signs of abuse and report concerns confidently.

Assessing risk, safety monitoring and management
•Risk assessments were in place which covered individual needs and the home environment.
• Risks to people associated with their care and support were assesses and measures put in place. These included when people needed to move using equipment. There were detailed plans which identified the equipment and the methods to be used to ensure any transfer was safe and when possible gave the person some elements of control. For example, one person was able to move their upper body, however required assistance with their lower limbs. All these details had been included.
•Risks to people were managed safely. Risks associated with going into the community were detailed and reflected the staffing levels and support required.
•People were well protected from environmental risks. Any required maintenance in association to the building was recorded and arranged to reflect minimum disruption to the people. Evacuation plans were in place and identified the support people would need in an emergency.
•Some people had plans in place to support them to manage behaviour which could cause harm to themselves or others. Staff we spoke with were knowledgeable about these plans and the action they could take to help people when they saw the signs of anxiety or distress.

Staffing and recruitment
•Staffing levels at the home were sufficient to ensure that people's needs could be met.
•The staffing was arranged around people's commissioned support and this included additional support when people went out or joined activities.
•Staffing reflected people's preference to the gender of the staffing providing their care. For example, the care provided to the females was always by a female and where possible the males received a male carer. At night there were female staff on duty and on occasions a male member who was available to provide support with transfers to the females, but not the personal aspects of their care.
•One relative had raised concerns in relation to the consistency of the staffing and use of agency staff. We reviewed these records and found there was an ongoing recruitment process to ensure the levels of staff was consistent. Staff working at the home had been consistent over the last three months. Agency staff had been used over this period and to support consistency for the people the same agency staff member had been used. Therefore, we did not reflect any ongoing concerns in this area.
•The registered provider had a process for ensuring that staff were recruited safely. Records showed that

pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Baring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

Using medicines safely; Learning lessons when things go wrong
•Medicines were managed safely. All the people required a complexe arrangement of medicine. Staff had received training and this was reviewed by a senior staff member to check their competency in this area and additional support was on hand if required. The medicine administration records (MAR) had been completed correctly and were checked and counter signed daily. This ensured people received their medicine as prescribed.
•Some people had received a review of their medicine to support their long-term condition. Any changes had been clearly documented in the care plans, during handover and detailed in front of the MAR. Staff told us, "You have to concentrate on the medicines and always check for changes, the slightest change can make a big difference to the people here."
•There was a system to record the storage and stock of medicines to ensure they had the required amount for people and that they were stored in accordance with the medicine guidance.
•The senior care staff told us about a recent medicine error. This was used as a learning opportunity to share with the staff and consider any other methods which could support staff to avoid a similar error reoccurring. This showed incidents were used to learn when things go wrong.

Preventing and controlling infection
•People were protected from the spread of infection. The home appeared clean and had a pleasant odour. There was a schedule of cleaning at the home, some completed by domestic staff and other elements by staff during the night shifts.
•We saw staff used protective equipment like gloves and aprons when they provided personal care or when supporting with meals.
•The kitchen and food preparation area was well maintained There was a five-star rating from the food standards agency, which is the highest possible rating. The food standards agency is responsible for protecting public health in relation to the safe handling of food.

Good

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

•People's needs were comprehensively assessed when they moved into the home, the registered provider used a pre- assessment document to ensure that detailed information about the persons support needs were recorded. All the people within the home had been there several years, however the senior care staff was clear on the importance of obtaining these details to ensure the care would be reflective of the individual's needs.
•All care plans included details about people's specific health conditions. We saw that the latest guidance was available and new initiatives had been used to support people's ongoing health conditions. Staff were able to share with us knowledge of people's specific needs and any specific support they required due to their health condition.
•People's needs, and choices were met in line with national guidance and best practice, including registering the right support. They had care plans in place which promoted their independence, choice and inclusion.

Staff support: induction, training, skills and experience
•Staff had received training for their roles. Each staff member was able to access the mandatory training along with additional training to support individual conditions or to develop their career.
•Training was a combination of on-line and some face to face. Staff we spoke with said they preferred the face to face as they could ask questions and make the training more individual. The provider was introducing a new system of train the trainer at each location. This would mean that staff would be on hand to provide advice and guidance to staff in relation to individuals. For example, if someone's needs changed which impacted on their current plan for the moving and handling needs.
•Staff told us training was ongoing, one staff member said, "It's the little things you might forget, so it's good to have the reminder." Another staff member reflected on some new guidance when using equipment, which improved the safety aspects.
•When staff had received a promotion in their role they were supported to access the required training to support the skills they needed. For example, the provider had introduced a new auditing recording system and the staff who had access to this had received training in person and through skype calls. Skype is a telecommunications application that specializes in providing video chat and voice calls between computers, tablets, mobile devices.

Supporting people to eat and drink enough to maintain a balanced diet
•People were supported to enjoy meals they enjoyed, and which met their dietary needs.

•The meals were prepared by the staff who had completed food hygiene training. There was a menu which reflected food which people enjoyed. Due to people's limited communication methods, the home had devised a system of trial and test. This involved trying a food once and recording the response. If a positive response was given, it is tried again and if it continued to receive a positive response that food was then added to the rotational menu.
•Some people had their food prepared in different consistencies to reduce the risk of choking. These agreed textures had been assessed by the speech and language therapists and there were detailed risk assessment and guidance in place.
•When people had cultural connections due to their nationality, dishes associated with that culture had been added to the menu.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
•Relationships had been developed with health and social care professionals. These had ensured that when a person's needs changed they were able to respond swiftly. For example, one person was vulnerable to chest infections. There was a process in place which meant medicine could be accessed quickly so that the infection didn't progress and require a hospital admission. The senior worker told us, "Since we have introduced this system we have been able to provide a swift response."
•People's health care was monitored. Staff had a good knowledge of people's health conditions, and care plans contained clear personalised information. One relative said, "Staff are quick to respond when [name] is unwell. Recently they organised an x-ray to eliminate concerns, so I feel confident they would address any health concerns." This meant that staff would recognise when someone was not themselves and respond swiftly.
•People's care plans showed that they were regularly accessing medical professionals such as GP's, dentists and opticians.

Adapting service, design, decoration to meet people's needs
•The home was decorated to ensure that there was a homely feel. Each person's room reflected their personality and items which they enjoyed.
•Each room had the required equipment the person required for their needs. Each person's bathroom had been equipped to meet their individual needs. For example, some people had shower tables and others a specialist bath.
•All the bedrooms, bathrooms and lounge areas had a ceiling track hoist which ensured that people could be supported to access these areas and make any transfers as comfortable as possible.

Ensuring consent to care and treatment in line with law and guidance
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".
People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

•We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
•None of the people using the service had the capacity to make decision about their care needs, medicine or finances. All the required assessments had been completed to ensure any decisions were made in people's

best interests and included professionals and people of importance.
•We observed that people were asked to provide their consent to receive care and support. Staff were aware that for some people their confirmation maybe a smile, body movement or specific noise. Staffs knowledge of people ensured that they were encouraged to make daily choices. For example, how they wished to spend their day.

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
•Staff had established friendly and positive relationships with people. One staff member said, "I really enjoy it here. You get to know the person and see past the disability."
•We observed staff interacting with people on an adult level. One relative said, "The staff really know [name] and how to support them.
•Staff used their knowledge of the person to ensure they were able to communicate with them when giving choices. For example, one person was enjoying time on the floor mats, they made a noise. The staff member knew that was to indicate they were ready to leave the floor.
•All the staff showed a genuine concern for people. All those we spoke with reflected the best part about their job was being with the people and the relationship they had established.

Supporting people to express their views and be involved in making decisions about their care
•People were encouraged to express their wishes. Staff knew how each person expressed themselves and this knowledge was used to ensure any decision was supported. Within the care plans each person had a detailed communication section, which detailed all the elements which reflected the person's communication method. One relative said, "I know [name] is happy here, they would make it clear to me if they were not."
•An independent advocate visited the home every two weeks and was available to support people with their decisions. Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf. The advocate also supports the staff to raise concerns were services were not accessible for people and raise the profile for change.
•The provider had been working with people and relatives to develop the garden and the summer house. The summer house provided a separate space which contained sensory equipment and a wide range of musical instruments. There was a weekly musical therapy group which took place in the summer house, and people from the providers other locations joined the session. One staff member we spoke with said, "It's an opportunity to share ideas and develop other relationships, it works well." The provider had given the home a budget for sensory items and there was a list on the fridge, to encourage the staff team to make suggestions.
•The garden was also being developed to make it a welcoming space. One person had items displayed outside their bedroom window, so they could view these when they lay in their bed.

Respecting and promoting people's privacy, dignity and independence
•Staff respected people and always ensured their dignity . A relative said, "Staff always consider the dignity

aspects when [name] has their care. It's always completed in private."
•Relatives were welcome to visit at any time and there was a system for sharing information with relatives about people's wellbeing and events in their lives.
•People's care records were treated appropriately. The provider had also introduced a signing in book which was in line with new confidentiality guidance.

Good

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
•Care plans were person centred and were comprehensively detailed about people's needs and wishes. The plans covered all aspects of people's care. When people had specific equipment or elements of their care there was a detailed section to cover this aspect of the persons care. All the staff we spoke with told us they had been able to access the care plans and any changes were always reflected. There was an audit process which identified when elements of the care plans were required to be updated. This ensured the care plans reflected people's current needs.
•Care plans included emergency information, which was shared with health care professionals or if the person was to require hospital care. This provided details of importance in relation to the person's care and preferences.
•Some relatives expressed a concern that they had not always received an annual review. One relative said, "We used to have regular reviews with the commissioners and other professionals and it would be good to have them again." We passed this information on to senior staff who said they would look to reflect these needs.
•Information was provided in different formats to support people's understanding, for example objects of reference or easy read or large pictures. Staff told us they had tried picture cards; however, objects of reference were more effective in enabling the person to make choices.
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. •People were supported by staff to access a range of activities which they enjoyed or had an opportunity to try. There was a combination of established session, for example, the hydrotherapy session or music therapy; to new adventures like, the deep, monkey forest and Luminarium. These events gave people experiences with staff to support relationships and opportunities.
•One area of concern was in accessing 'rebound therapy', this is a therapy provided to people using exercise on a trampoline. After the inspection the provider told us that the new day centre would have a rebound facility which was scheduled to open shortly. This showed the provider aimed to meet people's needs.

Improving care quality in response to complaints or concerns
•The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found there had been no formal complaints. However, when the service had received any non-formal concerns, the provider had recorded these and responded to them so that the person who had raised these received a formal acknowledgement and actions taken.

End of life care and support

• Care plans were not always reflective of peoples wishes for care at the end of their lives. The provider had recognised more work was needed to be developed in this area and ensure the plans included more detail about the person's wishes.

Good

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
•The provider and registered manager had developed a staff team which reflected a clear vision and a strong set of values. All the staff were aware of the providers ethos and strived to achieve the best for the people they cared for.
•We checked our records which showed the registered manager had notified us of events in the home. A notification is information about important events which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
•Systems and processes had been completed to ensure that audits and checks were used to improve the quality of care. The provider had introduced a system called, '360'. This covered all aspects of the service. For example, when any accident had been recorded, it is flagged in the system to ensure that all stages are considered such as a review of the risk assessment and future actions.. All records on the system can be seen by the senior management team to enable them to follow up on any issues raised. The senior worker said, "It's a really good system and it provides you with reminders and makes sure you don't forget." They added, "It's like a nice big brother approach."
•One of the audits had reflected that new flooring was required in two of the ensuite shower rooms. The materials had been ordered for this and a fitting date was being planned. The senior staff member said, "That item will remain as an open issue until the flooring is laid, so it's a good way to check things have been completed or that they don't get missed."
•All the staff reflected that the new provider had brought new initiatives to the home and were enabling them to provide more for people. This included opportunities due to more funding and systems to ensure safety and ingoing improvements.
•Some relatives had expressed concerns about information exchange with the provider. We discussed this with the area manager who confirmed they had communicated with families, however agreed to make further communication links to share information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
•Relatives were offered an opportunity to feedback on the service through a quality questionnaire, so they could comment on the service on behalf of their family member. We saw these were positive. However, the

provider had not shared the results with the families. The deputy planned to develop an appreciation board so that they could share feedback or any new initiative or activates introduced at the service.
•All staff felt supported by the provider and the local managers on site. One staff member said, "We have regular supervision, which covers all aspects of training, support, people etc. Anything you need, the support is there."
•Staff were kept informed of changes through emails and the monthly newsletter. The newsletter covers all the providers locations and includes information and good news stories to share.

Working in partnership with others
•Partnerships had been encouraged and developed with health and social care professionals.
This enabled ongoing support for individuals to live a positive life and people received good health and wellbeing care.
• The local staff team had worked with the local authority to identify that there was a need for a social group for people in wheelchairs. The council have acknowledged this and were in the process of developing a new group accessible to all wheelchair users.
•The property was in a residential area and the home has established positive relationships with their neighbours. They had also embraced local social groups and community events and had become regular welcomed faces in the community.