

# Mrs Gemma Collins

# The Old Orchard

## 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	

## Overall summary

We inspected the service on 12 November 2014. The Old Orchard specialises in supporting people with a learning disability who have reached the age of 18 and leaving services run for children and young people to move into services for adults. The Old Orchard provides accommodation and personal care for up to six people. On the day of our inspection there were three people who were using the service.

The service is managed by the registered provider, so does not require a registered manager. Registered

providers are 'registered persons' who have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff supported people to remain safe and knew how to raise any concerns they had if someone was at risk of harm or abuse. People were able to be as independent as they could be and follow their interests as safely as possible. There were sufficient staff to provide people with the support they needed to live as full a life as

# Summary of findings

possible with the support they needed to do so. Medicines were managed safely and people received their medication in an individual manner that best suited their needs.

Staff received training and supervision to ensure they had the knowledge and skills to provide safe and appropriate care and support.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS is part of the Mental Capacity Act, which is in place to protect people who lack capacity to make certain decisions because of illness or disability. DoLS protects the rights of such people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed.

People had sufficient food and drink to maintain their health and staff promoted the importance of a healthy diet. People were supported with their healthcare needs. We observed people being treated with dignity and respect and enjoy interacting with staff. Staff joined in with people's hobbies and interests as a way of providing them with support they needed to follow these. People's individual beliefs were respected and recognised.

People received the care they required in a manner that suited them. People were supported to increase their independence and encouraged to be involved in the local community. People were able to influence how the service ran and to treat it as their home. People who used the service, their relatives and staff were encouraged to express their views which were listened to and considered.

# 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?

Good



The service was safe.

People who used the service were cared for and supported by staff in a safe way that enabled them to maintain their independence through planned risk taking.

People received the support they required to do the things they wanted safely and there were sufficient staff on duty to enable them to do so.

People's medication was managed safely and they were supported to be involved in administering their medication.

### Is the service effective?

Good



The service was effective.

People were cared for by a skilled staff group who had the knowledge and skills they required.

Staff supported people to make decisions they were able to and if they could not staff followed the requirements of the Mental Capacity Act 2005 and made decisions in their best interest based on previous knowledge about them.

People were supported to eat a healthy diet that provided them with the nutrition and hydration they needed. People were provided with the support they needed to promote their well-being and healthcare.

### Is the service caring?

Good



The service was caring.

We saw people were able to express themselves and staff supported them in a caring and compassionate manner.

People's differences were recognised and acknowledged and their privacy, dignity and wishes were respected.

# Summary of findings

## Is the service responsive?

Good



The service was responsive.

Each person's care and support was planned around their interests and abilities in a way that promoted their independence and provided them with new opportunities.

Any complaints or concerns were treated seriously and seen as a way to improve the service provided.

## Is the service well-led?

Good



The service was well led.

People could influence how the service was run. The management had developed a positive and inclusive culture where people who used the service and staff were able to contribute on how the service was run.

Ways of improving the service were sought which included people's views and experiences.

# The Old 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 12 November 2014. We gave 48 hours notice of the inspection because the service is small and we needed to be assured that people would be in the home when we visited. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous

inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and what improvements they plan to make.

During the visit we spoke with two people who used the service, one relative, four members of care staff, the training manager, the quality assurance manager and the manager. We looked at the care records of three people who used the service and staff training records and audits that had been carried out.

# Is the service safe?

## Our findings

We saw people were comfortable when in the company of staff and the other people who used the service. A relative said, “I am confident [my relative] is safe here. If there was a problem [my relative]’s behaviour would show it.”

Staff had been given the information and training they needed to promote people’s safety as they had received training in the safeguarding of adults and children. They knew how to fulfil their responsibilities and take action if they had any concerns someone was at risk of harm or abuse.

Staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. There were details on how to contact the local authority displayed on the noticeboard. The manager told us they had not needed to report any concerns to the local authority as there had not been any incidents which needed to be reported, however she was able to assure us she understood the process to do so if needed.

People who used the service were supported to face personal challenges as safely as possible. One person showed us a picture of them taking part in an external activity which could pose a risk. Staff had taken action to minimise the risk and support the person to pursue their personal goal. The person said, “I like it [the activity].” A relative of another person said they were, “Delighted” at how their relation had been supported to join an activity they had been anxious about previously.

Staff were able to recognise risks people may face and knew how to plan to minimise these to promote people’s safety whilst maintaining their independence. A staff member told us they enabled people to do as much as they could for themselves, but minimised risks as much as

possible. They gave examples that when helping someone cook they would use the sharp knife to chop food or pour the hot water into the mug to make a hot drink, but the person they were supporting would do everything else.

We saw there were sufficient staff on duty to provide people with the care and support they required. A relative said, “There are definitely enough staff on duty.” People were always supported by staff they knew and who knew them. A staff member said they worked in small teams and there were sufficient staff on duty at all times. The staff member said, “We have enough staff to keep people safe and care for them properly.”

The quality officer told us they were responsible for ensuring the correct recruitment procedures were followed to ensure they recruited staff who were suitable to support people who used the service. The quality officer described how these had ensured they appointed staff who were suitable to work with the people who used the service.

People who used the service took their medicines as independently as they were able. No one was able to look after their own medication without assistance, but we observed one person was supported by staff to take their medicines independently.

The manager explained how they had contacted a person’s doctor when they had been concerned about the effectiveness of one person’s medicines, which could have had a detrimental effect on them. As a result the person’s protocol for administering their medicines had been amended to avoid the risk of this.

The storage, administration and disposal of medicines were well organised and safe. Staff told us they felt this ensured people’s medication was managed safely.

# Is the service effective?

## Our findings

One relative we spoke with said, “I spoke to the manager at length about all the training and support the staff get. I am impressed at how well they get on with each other.”

All new staff followed a structured induction programme which prepared them to work at the service. In addition to familiarising staff with the policies and procedures for the service they were also expected to complete the common induction standards. These were prepared by Skills for Care which is a national organisation that supports employers in the development of people working within social care.

People were supported by staff who received regular training. Training was provided through various teaching methods and attended with staff from other services belonging to the provider. The training manager said this helped make the training a positive experience for staff where they experienced different learning methods and had opportunities for wider discussion. The standard of training was monitored to ensure this was providing staff with the knowledge they required. This had led to some improvements being made to the training provided, for example medication training now included the medicines taken by people who used the service, which made the training more relevant. The training officer told us they provided all staff with an in depth training course on first aid.

Staff told us they were provided with regular supervision where they could discuss their work which they found helpful and gave them confidence. A staff member told us they were set goals to work towards, for example improving their knowledge of people’s preferred communication methods, which they said was a helpful way to learn.

We saw people making decisions during our visit, including where they wanted to be and what music was played. One person told us they were wearing the clothes they had on because, “I like the colour.”

We saw people had been assessed under the Mental Capacity Act 2005 to see if they had the capacity to decide if they wanted to live at the service. Applications had been made for a DoLS where the outcome of the assessment had been that the person had not got the capacity for that decision. The manager told us there had not been any other circumstances where they had needed to assess anyone’s capacity to make a decision. Staff told us the manager took the lead on DoLS, but said they would like to have more knowledge about these. Further training on The Mental Capacity Act 2005 and DoLS were included in the staff training plan.

The manager acknowledged there may be occasions when some form of physical intervention may be needed to ensure the safety of people who used the service. Staff were provided with the training they would need to use the intervention safely if the need arose. We saw descriptions in people’s care plans of when a physical intervention would be appropriate, and when it would not be. Staff members told us they valued the training to ensure they could provide any physical intervention safely, but were pleased that they had not been required to do so.

People enjoyed their meals and had sufficient to eat. One person told us their favourite food was pasta and another person said theirs was cake. Both people said they had these at the service. We saw people had a hot lunch and evening meal. People said they could have snacks between meals and we saw one person being supported to help themselves to a snack. A relative told us staff kept them informed about how their relation was eating. The relative also said, “There is always a fruit bowl out whenever I visit.”

People were involved in planning their meals and were encouraged to have a healthy diet. Staff told

## Is the service effective?

us they prepared weekly meal plans with people and tried to encourage and promote them to include healthy options. Staff also confirmed they provided food that was of a good quality. People were given opportunities to try new and different food as well as have meals they knew they enjoyed. Staff said they used knowledge provided by relatives of people's preferences, but also found out other things through "trial and error." A staff member said when they prepared a curry they would do one for those people who liked it hot and a mild one for people who did not like their food spicy. Staff told us they weighed people weekly to monitor their weight. They said one person needed to be monitored more closely at times but they were responding well to the encouragement they were given and eating well at present.

A relative told us staff had registered their relation promptly with a doctor when they moved into the service. Staff told us they sought medical advice as needed and felt people's health was properly monitored. We saw there was information about people's health conditions in their care files so staff had an understanding of these, and knew the signs and symptoms people may display.

People were supported to attend a range of healthcare appointments ranging from routine health checks such as dental and optical appointments to specific health related issues. Recent visits had taken place to a nutritionist, psychiatrist and a specialist clinic. It was decided between the person's relative and staff which of them would support people on each medical appointment.



# Is the service caring?

## Our findings

We saw that staff had a good rapport with people who used the service and supported them in a way they understood and enjoyed. People told us they had fun with staff and one person was looking forward to doing some baking. They said, “[Staff name] is going to make some shortbread with me.” A relative told us they found staff, “Came up with suggestions and showed initiative” to communicate and involve their relation. The relative also said, “They [staff] have definitely got to know [my relative] well, I can tell by the anecdotes they tell me.”

People’s diverse needs were recognised when planning their care and these formed part of the relationships they built with staff and the other people who used the service. This included providing a culturally appropriate diet, celebrating religious festivals and communicating with sign language. Gender appropriate care was assessed and provided in line with people’s needs and preferences. A relative told us how everyone had enjoyed being involved in a Diwali celebration at the service, and they hoped to continue to celebrate other religious festivals together. Staff were discussing how Christmas would be celebrated with people and we heard discussion over lunch where would they like the Christmas tree to go. There was information on how to meet people’s diverse needs in their care plans.

Staff involved people in discussions to find out their views. The manager told us one person had chosen which staff member they would like to have as their keyworker.

A relative told us their relation was ‘still the same person’ and had been supported by staff to express themselves as they wished to. The

relative also said, “We have been impressed at how we have been involved in things, I feel we have been listened to.” The relative told us they had been impressed when they saw their relation take their plate into the kitchen after the meal. They said, “Independence is encouraged.”

Staff supported people to set daily living skills to work towards. We heard a staff member say how pleased they had been when one person had remembered to bring down their laundry that morning without being reminded. The staff member later told us the person would never have been able to do so when they first started to use the service and they felt proud to have been part of helping the person achieve this and help them develop their independence.

We saw staff supported people in a caring and sensitive manner. One person was supported to get themselves ready in the morning at the pace they chose and wore the clothes they wanted to wear. A staff member said they ensured the person who liked to dress in a particular way always had their clothes clean for them each morning. A staff member asked a person who used the service if they would like to show us their bedroom which they happily did. A relative told us their relation’s privacy and dignity was respected.

Staff told us they respected people’s privacy and dignity and gave examples of how they supported people with this on a daily basis. This included knocking on people’s doors before entering and waiting to be asked in. A staff member told us if another staff member was already helping a person in their room they would not enter so the person could be supported in private. Respecting people’s privacy and dignity was one of the regular training courses staff attended.

# Is the service responsive?

## Our findings

Each person had a varied weekly plan which enabled them to pursue their hobbies and interests, both at the service and in the local community. One person showed us a picture of themselves horse-riding. Staff told us the person went each week and enjoyed this. Another person was going to see well known musician they liked in concert that evening. A person who used the service said, "I have been to the shops." The person also told us they had stopped at a coffee shop which they liked to do when they went shopping. One person attended a local college and staff said education opportunities would be made available to other people in due course when it was appropriate for the person and the best option was identified.

People maintained links with their families and there were plans in place to support them to visit them. Some people had regular stays with their family. Relatives also regularly visited the service and spent time with their relation as well as socialising with other people how used the service and their relations.

We saw staff respond to people in an appropriate manner in a way which reflected people's interests. The staff on duty asked a person about the cakes they were going to make the next day and they said, "I am going to make Pudsey cakes tomorrow." Staff explained that the person was very keen on the forthcoming fundraising event, Children in Need and wanted to make some cakes to contribute towards this. Staff told us how they had searched for a shop where they could buy Pudsey bear cake moulds so the person could make the cakes. We saw another person showed great pleasure when staff wore Christmas accessories the person asked them to, which they had purchased that day on a shopping trip.

New admissions to the service were planned and consideration was given to ensure the service could meet people's needs and any new person fitted in with the people who were already using the service. The training manager said when a

new person was moving to the service, "The transition needs to be as long as the person needs, it could be a week, it could be three months." A relative said, "The transition was fantastic, it couldn't have gone more smoothly." The relative also said, "We worked well together."

Staff told us they got to know people well and they had more opportunities to try new and alternative ways of providing that support, as well as providing them with new experiences. We saw changes were successful in improving the oral health of one person and this had been implemented into the person's care plan.

Staff told us they presented choices in a way people understood. They said they did this by not giving people so many options that they were unable to make a clear decision. A staff member said, "People have the right to decide for themselves when they can, and if they can then we help them to do so."

People were involved in planning their care with staff. Staff completed a booklet called "All about me" with each person which contained information about them in a format they could understand, including the use of pictures and signs and symbols. Relatives were also able to contribute by providing information about their relation's preferences. We saw an email where a relative had been asked to review the care plans for their relation to ensure these accurately reflected the information they had provided. We saw care plans included goals for each person such as managing areas of personal care they needed assistance with, and preparing a meal. A staff member told us they found the care plans very helpful and said they gave them "Insight into each person."

A relative said, "There is something about making complaints in the paperwork we were given. I wouldn't feel inhibited in making a complaint, I feel able to talk openly."

There was a complaints procedure in place but no complaints had been received. The manager described how they had responded to some concerns that had been raised and gave an

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example of a pair of trousers being put away with a hole in. This was recorded in the person's care records, but the manager said they would implement a record of concerns and compliments received to document these to help the monitoring of the service and identify what was working well and where any improvements could be made.

Staff understood the complaints procedure and told us they would document any concerns expressed to them and ensure these were passed onto the manager.

# Is the service well-led?

## Our findings

People who used the service were involved in the local community because the manager had identified resources relevant for people who used the service and made the arrangements to enable them to attend these. For example people attended organised clubs and groups, used community based resources such as the cinema and swimming pool and people were supported to develop informal links. People went out shopping during our visit and a staff member told us they liked to visit the local shop as they had a positive relationship with a local shopkeeper. A relative told us families were included in events that took place at the service and could join in on trips out. The manager told us they had invited neighbours to attend some events held at the service.

There was a meeting structure to involve all staff, including night staff, in discussions about running the service. Staff who were not present at staff meetings told us they were asked if there was anything they wanted to be discussed. A staff member said, "We have staff meetings, we can always discuss things."

A relative said, "I have confidence in the staff and management. I have seen the paperwork and that reassures me that everything is done in an efficient and competent manner." The relative also said the manager was, "Outstanding and very calm."

Staff described the leadership of the service positively. They told us the manager showed respect for staff, people who used the service and relatives. Another staff member told us they felt there was good leadership at the service and they felt valued and respected in their role. The staff member said, "I feel we are well managed. We get direction and support."

The manager, who was also the provider, was aware of their responsibilities and ensured that

they fulfilled these. The manager had sent us a notification when the need arose. A notification is information about important events which the provider is required to send us by law.

The policies, procedures and operational systems had been implemented into the service over the past year since opening, and the service was now at a stage where an audit could be carried out to determine how effective it was. In order to do this the provider had recently employed a quality assurance officer. The provider had informed us in the PIR that the Quality Assurance officer would be, "Obtaining feedback from individuals and their families about our current Quality Assurance procedures to see if there are any suggestions for improvement." The provider had achieved a recognised accreditation scheme for the performance of the service due to effective management systems.

Comments and suggestions about any improvements that could be made to the service were welcomed and acted upon. The quality officer told us they had recently sent out some survey forms to relatives and would be collating these when they had been returned to identify what people found positive and what improvements could be made. The quality officer said they had also received a number of suggestions from relatives who wanted to help develop the service and they were acting on these suggestions. One suggestion was to give families an information sheet of useful information when moving to the service.

The quality officer also told us they asked relatives informally if they had any comments and spent time with people who used the service to see how they appeared and listened to any comments they made. The quality officer said they followed up on anything that did not appear to be right, for example checking a person's care plan to make sure it had been correctly followed.