White Horse Care Trust

50 Cherry Orchard

Inspection report

50 Cherry Orchard
Tel: 01793 765090
Website: www.whct.co.uk

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on the 17 February 2015. This inspection was unannounced. During our last inspection we found the provider satisfied the legal requirements in the areas that we looked at.

The home had two managers who job shared the position, one of whom was the registered manager. 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.

50 Cherry Orchard provides accommodation and personal care for up to five people who have learning disabilities. At the time of our inspection there were four people living in the home. The main aims of the service are to treat everyone as individuals and involve them in choices about their daily living which promote their independence. Relatives we spoke with were positive about the care and support their family member received.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in

Summary of findings

relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so. Whilst all necessary DoLS applications had been, or were in the process of being submitted by the provider the requirements of the Mental Capacity Act were not always followed by the provider when reaching a best interest decision on behalf a person who lacked capacity.

This is a breach of Regulation 18 of the Health and Social care act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the end of this report.

Because of people's complex needs they were unable to tell us verbally about their experiences of living at 50 Cherry Orchard. From our observations staff members' approach to people who use the service was warm and caring. We saw that positive praise and choices were offered and that communication was calm and respectful. People were encouraged to make their rooms at the home their own personal space.

People were involved in deciding what food and drink they would like. Staff showed us a folder of pictures of food they used to support people with choosing and planning the weekly menu. If they wanted to people could be involved in the preparation of food at mealtimes.

Each person had a care plan that outlined their needs and the support required to meet those needs. People were supported in a range of interests, both as activities together or on an individual basis, which suited their needs. They were encouraged to take part in activities outside of the home to enable them to access their local community.

There were enough qualified, skilled and experienced staff to meet people's needs. All necessary checks had been completed before new staff members had started work at the home and they had completed an induction programme when they started work. Staff members received training in areas that improved their capability in providing care and support to people who lived at the home and had regular supervision and appraisal meetings with the manager at which their performance and development were discussed

The provider had systems in place to ensure that medicines were administered and disposed of safely. All medicines were stored securely.

There was a management structure in the home that provided people with clear lines of responsibility and accountability. The provider had an effective system to regularly assess and monitor the quality of service that people received and an effective complaints system.

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

This service was safe.

Staff members were able to demonstrate a good understanding of procedures in connection with the prevention of abuse. Risk assessments in respect of the home and the provision of care and support to people had been carried out, regularly reviewed and steps taken to reduce the on-going risk.

People's medicines were managed so that they received them safely.

Rotas were organised to ensure that staffing levels were sufficient to meet people's needs. There was a senior member of staff available on-call in case emergencies arose.

Is the service effective?

Requires Improvement

This service was not always effective.

Whilst all necessary Deprivation of Liberty Safeguards applications had been, or were in the process of being submitted by the provider the requirements of the Mental Capacity Act were not always followed by the provider when reaching a best interest decision on behalf a person who lacked capacity.

Care plans were in place which clearly described the care and support the person wished to receive. People were supported to access healthcare services to maintain and promote their health and well-being.

People were supported by staff that had the necessary skills and knowledge to meet their needs. Staff were knowledgeable about the care needs of the people they were supporting.

People had access to food and drink throughout the day and staff supported them when required.

Is the service caring?

Good

This service was caring.

Staff were kind and compassionate. People's privacy and dignity were respected. People were involved in making decisions about their care and support. People were encouraged to be independent.

People were asked what they wanted to do daily and their decisions were respected. Care records were person centred.

Relatives spoke positively about the care and support received by their family member. They said they had opportunities to express their views about the care and support their family member received.

Summary of findings

Is the service responsive?

Good

This service was responsive.

People were supported to live active lifestyles of their choice. Care was delivered flexibly taking into consideration the person and their wishes.

People were encouraged to take part in activities and access their local community.

People received care, treatment and support when they required it. We observed staff interacting positively with people and responding to their requests for assistance in a timely manner.

There were systems in place to manage complaints. Relatives we asked said they would be comfortable raising their concerns. They were confident that any concerns would be listened to and acted upon.

Is the service well-led?

Good

This service was well-led.

Regular staff meetings took place and staff confirmed they were able to express their views.

Staff had a good understanding of the aims and values of the home. Staff were well supported and received training appropriate to their role. Staff we spoke with were positive about the support they received from management and other colleagues.

The service carried out regular audits to monitor the quality of the service and to identify any improvements required.

50 Cherry Orchard

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 17 February 2015 and was unannounced.

This inspection was carried out by two inspectors. Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. Before the inspection, we did not ask 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 the service does well and improvements they plan to make. This was because the inspection was completed at short notice.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking to people, their relatives, looking at documents and records that related to people's support and care and the management of the service. We reviewed four care and support plans, staff training records, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices throughout the day.

People using the service were not able to tell us in any detail what they thought of the service. We spent time observing people in the communal areas. We spoke with two relatives about their views on the quality of the care and support being provided. During our inspection we spoke with one of the managers, the deputy manager and two support workers.

Good

Is the service safe?

Our findings

People were not able to tell us whether they felt safe living at the home. However we saw that people did not hesitate to go to any of the staff members when they wanted support or assistance with a task. This indicated that they felt safe around the staff members. We spoke with two relatives who had no concerns or anxieties about the service. One relative said "They can't do enough for her. They bend over backwards to make sure she is happy and safe." Relatives said they could discuss any issues with any of the managers or the support staff.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place for the safe management of medicines. People had protocols in place for the administration of medicines that were prescribed on an 'as and when needed basis' (PRN medicines). Medicines were stored in a lockable cabinet. All staff had received training in the safe administration of medicines. Staff supported people to take their medicines where this was part of their care plan. There were processes in place to support people who may refuse to take their prescribed medicines. Whilst staff told us that this did not happen often, if a person refused then they would leave them for a few minutes and then try again a little later. They respected people's right to refuse their medicines and said that the person's GP would always be consulted in the event of people not taking it. They would also make a record of this.

People were protected from risks associated with their care because staff followed appropriate guidance and procedures. Risk assessments were used to identify what action needed to be taken to reduce a risk. Risk assessments were completed with the aim of keeping people safe whilst supporting them to still take part in activities around the home and in their community. We saw one risk assessment that stated the person was at risk whilst in the community as they did not have any awareness of the dangers of traffic. The risk assessment gave advice as to how to reduce this risk in a positive manner which supported the person to be able to access their local community and also go on holidays. Staff demonstrated an understanding of these assessments and what they needed to do to keep people safe.

Staff had access to safeguarding training and guidance to help them identify abuse and respond accordingly. Records confirmed that staff had attended training in this area. Staff described signs they would look for such as a change in people's behaviour and how they would consider abuse as a possible reason for a change in behaviour. They described the actions they would need to take if they suspected abuse was taking place. Staff said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. Some staff also said that they knew they could report their concerns to external agencies such as the local safeguarding team.

We looked at three staff files and saw people were protected by a safe recruitment system. Staff said they had completed an application form, had provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before starting work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. All staff were subject to a formal interview in line with the provider's recruitment policy. Records we looked at confirmed this.

There was enough qualified, skilled and experienced staff to meet people's needs. Staff members told us that there was always sufficient staff members on duty to provide the care and support that people needed. We saw that people's requests for support and assistance were responded to without any delay.

Requires Improvement

Is the service effective?

Our findings

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so. All necessary DoLS applications either had been, or were in the process of being submitted, by the provider.

Although the provider had acted to promote the person's safety and well-being, we found in care plans that necessary records of assessments of capacity and best interest decisions were not always in place for people who lacked capacity to decide on the care or treatment provided to them by 50 Cherry Orchard Care Home. For example a record of a best interest meeting was in place in relation to administration of medicines for one person who uses the service. From this, a protocol for staff to administer medication to this person in an emergency had been drawn up. A record of an assessment of the person's capacity to make the specific decision was not in place, but a comment to the effect that the person lacked capacity to make any major decision was.

This meant the requirements of the MCA were not followed by the provider when it reached the best interest decision on behalf of the person who lacked capacity to make their own decision. This was due to the lack of a decision specific assessment of capacity and full consideration of the best interest checklist by the provider. The manager agreed with these observations and said the provider had recently employed a person to assist with the implementation of the MCA.

The best interest checklist includes consideration of the person's past and present wishes, their beliefs and values and any other factors they would take into account. It also requires encouragement of the person to participate in the decision making process. Care plans, whilst detailed and person centred, did not show how people who use the service had contributed, or consented to them. However, this was in contrast to what we observed of the day to day interactions between staff members and people who use the service. It was evident that their views were valued by staff; people who use the service were frequently consulted, enabled to make choices and included in decision making.

This is a breach of Regulation 18 of the Health and Social cCare aAct 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the end of this report.

People were not able to tell us themselves whether they believed that the staff who cared and supported them had the right skills to do so. We saw that the staff communicated with people effectively and used different ways of enhancing that communication. We saw that one staff member used certain phrases that were familiar to one person. When the staff member used these phrases the person responded by smiling and laughing. Communication also included staff explaining to people what was going to happen next and affording people time to respond to any requests or questions.

People had access to food and drink throughout the day and staff supported them when required. One member of staff explained how people were involved in the planning of meal times. There was a folder containing photographs of food and meals people enjoyed to help them choose what they wanted to eat. Meals were planned a couple of days in advance but if people changed their minds then this would be accommodated. People could also choose to buy food when they went shopping. We observed one person being supported to help make the lunch time meal. Any request for drinks were responded to promptly. Where required referrals had been made to the speech and language therapist (SALT) to support people to be able to eat safely. One person required their drinks to be thickened and we saw that staff did this. This person also experienced difficulties with maintaining a regular eating pattern. Staff explained that this person may at times refuse food. When this happened staff said they would be flexible in continuing to offer the person food and fluids. If the person showed an interest in something then this would be offered no matter what the time of day was. There was guidance in place so that staff knew how to support the person and they were also weighed weekly to ensure they maintained a healthy weight.

Requires Improvement

Is the service effective?

Staff we spoke with were very knowledgeable about the people they supported. There was a section in people's care plans which detailed people's life histories, likes, dislikes and preferences. Staff told us they found this helpful in supporting them with getting to know people. One relative told us that staff respected their family member's choices and wishes. They told us that staff knew their family member well and that "It is a pleasure to see her so happy and relaxed." Another relative said "The staff are wonderful. So caring and thoughtful."

Staff had regular contact with visiting health professionals to ensure people were able to access specialist advice and treatment as required. The home contacted relevant health professionals GPs, district nurses and physiotherapists if they had concerns over people's health needs. Records showed that people had regular access to healthcare professionals and attended regular appointments about their health needs. For example on the day of the inspection one person was supported to attend a psychology appointment. Another person had been supported to receive speech and language assessments. Each person also had a health action plan and hospital passport that identified their health needs and the support they required to maintain their emotional and physical well-being.

The premises had been adapted to meet people's needs; necessary grab rails and ramps were in place. A stair lift was in place for a person who was unable to use the stairs. This person had a bedroom downstairs so that they could access it independently. . Everyone who uses the service had the use of the downstairs bathroom walk-in shower and upstairs there was also a bath for those able to use it. One person had sensor alarm in place so the sleeping night staff would be alerted should this person need assistance at night time.

The staff we spoke with had completed training relevant to health and social care and some had previous experience of working in care settings. An induction process was available for new staff which included reading the service's policies and procedures, care plans and shadowing more experienced members of staff. There was a programme of training available to staff and staff told us they received the necessary training to meet people's needs. Staff were mostly up to date with their required training and refresher courses had been identified to make sure they continued to develop their skills and knowledge. Training included safeguarding vulnerable adults, safe management of medicines, moving and handling and infection control.

Regular individual meetings were held between staff and their line manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. During these meetings guidance was provided by the line manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff." Managers also met regularly to discuss the home and to identify what was working and well and what was not.

Good

Is the service caring?

Our findings

Family members spoke positively about the care and support received by their relative. They told us their relative was well cared for. Comments included "I am extremely happy with the care (relatives name) receives. The staff are wonderful, so thoughtful and caring. They treat (relative's name) like he is a member of their family." Another relative said "The staff are absolutely brilliant. They can't do enough for (relative's name). She couldn't be in a nicer place."

Family members said they had opportunities to express their views about the care and support their relative received. One family member said they were involved in planning their relatives care when they had first moved in and that they were invited each year to "chat" about the care received by their relative and how things were going.

Staff members knew the people very well and explained how they used their knowledge of people to support communication. For example one person sometimes needed a long time to respond to communication and may become frustrated if rushed. We observed that when staff asked this person a question they then waited patiently until the person was able to respond. Staff gave explanations in a way that people were able to understand using a form of sign language when necessary.

Staff members were consistent in their use of positive behaviour approaches. The manager said that staff worked hard as a team to be consistent in their approach to positive behaviour management and this had resulted in a marked reduction in behaviours that may be seen as challenging.

People who use the service had good relationships with staff members and those who were able did not hesitate to frequently to ask for help. Staff members spent time with, and anticipated the needs of, people who were unable verbally to ask for help. We observed this was done by staff interpreting their mood, the sounds they made, their expressions and behaviour. The happy atmosphere was enhanced by humour from both staff and people; a staff member was observed to spontaneously dance and sing to encourage a service user also to dance.

Members of staff asked each person whether they were willing for us to see their bedroom, and then helped each person to talk about their room at a pace and in a way which evidently made them feel comfortable. It was noted that the member of staff asked each person whether they had finished showing their room. This respectfully gave the person choice and control. All the people who use the service were happy to show us their rooms and to point out their favourite things. People had been encouraged to make their rooms at the home their own personal space. There were ornaments and photographs of family and friends, personal furniture and their own pictures on the walls.

People who use the service were kept informed of which members of staff were on duty by a notice board which had staff members' photographs on it. Other visual aids were used to help people stay informed and to make choices such as; photographs of food and of activities for menu and activity planning.

People had access to local advocacy services although staff told us that no one was currently using this service. Where needed family members had been involved to speak on behalf of people or assist them to share their views.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs and wishes. Staff knew people and acted on this knowledge. Each person had a care and support plan with information and guidance personal to them. This included information on maintaining the person's health, their daily routines and preferences. Care plans were detailed and person centred; they included health action plans and future goals. For example one person who uses the service was learning new skills in flower arranging.

Staff responded to people's changing health needs. People who use the service were supported to access other health professionals as necessary. For example on the day of the inspection one person was supported to attend a psychology appointment. Another person had been supported to receive speech and language assessments to support staff to understand their communication needs.

People were supported to follow their interests both within the home and their local community. People were supported to go shopping, go out for meals and access local facilities. People were also encouraged and supported to go out on day trips and to have an annual holiday. On the day of our visit a trip to the cinema had been organised. Staff told us that people also visited a local farm where they could feed the animals if they wished. When we asked one person if they enjoyed going to the farm they smiled and said "it's nice". Staff told us that people were encouraged and supported to try new experiences. We saw in one person's records that they had visited an amusement park where, despite not having done this before, the person chose to go on one of the 'fast' rides and had continued to enjoy doing this on future visits.

Relatives we spoke with were happy with the level of activities available to their family member. One relative said "They are always taking him out to do the things he likes."

People were encouraged to maintain relationships with people that mattered to them. Family members told us that they could visit the home anytime. People were also supported to visit family members in their own homes. One family member told us they their relative was supported to ring them each week which gave them peace of mind. Another family member explained how staff respected their relatives wish not to go out. Outings had been offered and staff respected this person's wishes when they refused. Activities had been organised in the home such as cooking and flower arranging.

People were encouraged to be involved in household tasks within the home to support their independence. This included cooking, laundry and cleaning tasks. We observed one person who was helping make the lunch time meal of pancakes for everyone. Another person was supported to do the vacuuming. Staff asked if people wanted to assist and then supported them in completing the task.

There was a system in place to manage complaints. There had not been any complaints since our last inspection. The complaints procedure was available in different formats to support people's understanding. For example it was available in picture and easy read format to ensure everyone using the service could access the information. There was a postcard system in place where people could send a postcard to head office to state they were unhappy with the service. Head office would then undertake an investigation. Staff confirmed that people would need support to do this. Relatives told us that if they had any concerns then they could speak to any staff member or manager. They felt any concerns raised would be listened to and appropriate action taken where required.

Good

Is the service well-led?

Our findings

The service had two managers in post who job shared, supported by a deputy manager. One was the registered manager. Staff members we spoke with told us that the managers were approachable and supportive. One staff member said, "It's lovely working here, I really enjoy my job. Another staff member told us that they were encouraged to share ideas to improve the service. They had noted that one of the people living at the home had specific interests. They had raised this with the manager who had listened to their suggestions and supported them to organise for this to become a regular activity for the person.

The managers spent time working alongside staff on shift. They told us that this enabled them to give constructive feedback to ensure best practice when supporting people. The deputy explained that they would also work alongside the managers on a weekly basis. This gave them the opportunity to have a regular "catch up" to discuss things that were going on in the service. Staff received regular supervision (one to one meetings) where performance was discussed. Training opportunities to support staff development were also identified during these meetings.

Staff demonstrated a good understanding of what the service was trying to achieve for people. They told us their role was to promote people's independence by supporting them to make choices about how they wished to live their lives. One member of staff said that they felt it was important to support people to have "fulfilling lives". Staff said regular team meetings took place where they could discuss any concerns or ideas to improve the service they may have. They told us they felt well supported in their role and did not have any concerns.

We asked the manager to tell us about something they had felt the service had done well since our last inspection. They told us how the team had worked closely together to support a person who was at end of their life to die at home. They explained that staff had gone that "extra mile" to ensure that shifts were covered so that support could be given to this person and to the other people living in the home. As they are not a nursing home and had not had previous experience of supporting people who were at end of life the manager felt that staff had worked closely with other health professionals to ensure that this person received the appropriate care and support.

Staff were supported to question the practice of other staff members. Staff had access to the company's Wwhistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All the staff confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities. Each member of staff, aside from their care role, had an area they were responsible for. For example, infection control or medicines management to ensure that actions required in these areas were completed.

The provider had systems in place to monitor the quality of the service. This included audits carried out periodically throughout the year by both the home managers and senior management. The audits covered areas such as infection control, care plans, the safe management of medicines and health and safety. We saw records of recently completed infection control and a managers monthly checklist audits. The audits showed that the service was meeting the standards at the time of our inspection and that no actions had been identified. There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

We discussed with the manager any actions plans they had for ensuring service development and to highlight any improvements required. They explained that whilst the organisation had a generic plan in place for service development they did not have one specific to the home. They said the home's managers had discussed this and would be looking at implementing one in the near future.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised. There were procedures in place to guide staff on what to do in the event of a fire. However there was not a contingency plan in place to cover emergencies such as loss of utilities, flooding or insufficient staffing and offer. This meant there was a risk of staff not knowing how to respond to such events should they occur.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment Whilst all necessary DoLS applications had been, or were in the process of being submitted by the provider tThe requirements of the Mental Capacity Act were not always followed by the provider when reaching a best interest decision on behalf a person who lacked capacity.