

Education and Services for People with Autism Limited

Orchard House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Orchard House is a residential service providing personal care for up to 7 people with a learning disability. At the time of the inspection there were 6 people living at the service. Orchard House provides accommodation over 4 floors across one large residential house and one area of the home has been converted into a self-contained flat.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People were supported to have maximum possible choice, control and independence. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to achieve their aspirations and goals. People were supported safely with medicines. Infection prevention and control practices reflected current guidance.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. The service worked well with other agencies to do so. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Right culture

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff placed people's wishes, needs and rights at the heart of everything they did. Staff were aware of and were working to best practice guidance for supporting people with a learning disability and/or autistic people.

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

Rating at last inspection and update

The last rating for this service was good (published 11 October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This report only covers our findings in relation to the key questions safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Orchard House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Orchard House

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

An inspector completed the inspection.

Service and service type

Orchard House is a 'care home'. People in care homes receive accommodation and personal care as single package dependent on their registration with us. Unity House is a care home without nursing. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met with 5 people who used the service and contacted 5 relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the nominated individual, registered manager, 2 assistant unit managers, a team leader, 5 support workers and the cook.

We reviewed a range of records. This included 3 people's care records, medicine records and staff files. We looked at a variety of records relating to the management of the service, including audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff on duty. Due to pressures caused by the COVID 19 pandemic and recruitment difficulties, the service had experienced issues filling vacancies. The provider and registered manager had diligently attempted to make sure these were filled and staffing levels met people's needs.
- Relatives told us staff were always readily available, extremely supportive and caring. One relative said, "I feel the staff are highly qualified and are always aware of residents needs and requirements. As with everywhere more hands would be welcomed. They keep me informed of all medical needs and outcome of appointments. The staff are always friendly with us and are very supportive. I don't think they could be better looked after anywhere else, it's like a second home."
- Staff recruitment and induction training processes were effective. Safe recruitment practices for staff had been followed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

- Staff understood people's needs and how to manage any presenting risks. Risk assessments were in place, which outlined issues. Staff managed the safety of the living environment, and equipment in it.
- People's medicines were appropriately managed. Medicines were safely received, stored, administered and destroyed when required. Clear protocols were in place for the use of 'as and when' required medicines.
- Staff ensured people's behaviour were not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- The management team were committed to driving improvement and learning. They responded appropriately when accidents and incidents occurred. Records were analysed for patterns or trends and incidents were used as a learning opportunity.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The provider worked well with other agencies to do so.
- Staff had received training on how to recognise and report abuse and they knew how to apply it.
- Staff interacted with people in a kind and compassionate manner. Relatives were kept informed of any changes and found the care delivered met people's needs.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In supported living settings, this is usually through MCA application procedures to the Court of Protection.

- We found the service was working within the principles of the MCA.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting

- The provider's visiting policies and procedures adhered to current guidance.

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.

At our last inspection we rated this key question good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The management team maintained clear oversight of the service and had created a robust governance system, which rapidly identified any issues. The registered manager continuously reviewed the service to determine how further improvements could be made. Action plans were used to identify and monitor where changes were required and how these could improve the service.
- The manager oversaw two services and was predominantly based in Garden Lodge. The staffing pressures had led to them needing to provide more time delivering care in Garden Lodge and less opportunity to attend to managerial tasks. The assistant unit manager in Orchard House had ensured the service remained effective and staff followed all required guidance.
- The provider was in the process of introducing new care record templates and we discussed the value of completing a full evaluation of these documents. We found the existing care records were extremely person-centred, easy to follow and provided a wealth of valuable information.
- Reports had been sent to alert the CQC and local authorities when incidents occurred. The regional manager closely reviewed all incidents. They ensured all relevant parties were involved in this process and outcomes were discussed in an open and transparent manner.
- Staff were passionate about providing good care outcomes and took ownership for their practice. They understood their roles, responsibilities and their accountability. Staff were very committed to the people and regularly went above and beyond to be there for individuals. They often came in early and left late, as they always put people first. It was clear people valued the care and support they received from staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team promoted a positive, person-centred culture. They put people's needs and wishes at the heart of everything they did. One relative said, "I can't thank the staff enough for everything they do for [person's name]. I know she is safe and happy and that gives me comfort known she is in good hands. I think all of the staff are amazing. They are all so professional, kind and caring."
- Staff involved people in discussions about individuals care and support needs.
- Staff worked in partnership with other agencies to improve people's opportunities and wellbeing.