

Hampshire County Council

Orchard Close Care Home

Inspection report

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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 

Summary of findings

Overall summary

The inspection of Orchard Close Care Home, known as Orchard Close to people and staff, took place on 22 November 2016. We previously inspected the service on 20 August 2013; the service was not in breach of the Health and Social Care Act 2008 regulations at that time.

Orchard Close provides short term respite care for adults who are living with a learning disability. The home has a maximum occupancy of 15 people. On the day of our inspection three people were resident at the home.

The service had a registered manager in place. 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.

People told us they felt safe. Staff were aware of how to recognise signs of potential abuse and understood their responsibility to report their concerns.

The home was equipped with hoists and height adjustable beds in the event people needed support with moving and positioning. There was a system in place to ensure the building was maintained, and equipment was serviced by suitably qualified people.

Potential employees had to complete a number of pre-employment checks to ensure they were suitable to work at the home. There were adequate numbers of staff deployed to meet people needs and many of the staff had worked at the home for a number of years.

People's medicines were managed safely and staff received regular training to ensure they had the appropriate skills and knowledge.

New staff were supported in their role and staff told us they received ongoing training and supervision. However, the service could not clearly evidence all staff training was up to date and supervisions were not always documented.

The registered manager and each of the staff we spoke with understood the principles of the Mental Capacity Act 2005 and the right of people to make their own decisions, whenever possible.

The atmosphere in the home was relaxed and friendly but interactions between people and staff remained professional. Staff were knowledgeable about people's individual preferences and enabled people to retain their independence and make choices about their daily lives. People were treated with dignity and respect.

People who were new to the service were invited to visit the home prior to a period of respite care. Care

plans were person centred and detailed people's care and support needs, as well as their likes and dislikes. Care plans were also reviewed and updated on a regular basis to ensure they were reflective of people's current requirements.

People were supported to engage in a wide range of activities during their stay to Orchard Close, including, swimming, bike riding and day trips. Staff told us they asked people about the activities they wanted to do and then tried to ensure their requests were met.

Staff enjoyed their job and were proud of the care and support they provided for people. Feedback from people was also positive.

There was a system in place to monitor the quality of people's care and support. This included senior manager audits, service user feedback and staff meetings.

Whilst it was noted statutory notifications had not been submitted to the Care Quality Commission in line with regulatory requirements, we saw evidence this had been identified by the registered provider and action had already been taken to address the matter.

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.

Staff were aware of their responsibilities in keeping people safe.

There were procedures in place to reduce the risk of employing staff who may not be suitable to work with vulnerable adults.

The management of medicines was safe.

Is the service effective?

Requires Improvement ●

Not all aspects of the service were effective.

Staff told us they received regular training and supervision however, this was not consistently evidenced by records held at the home.

Staff understood the principles of the Mental Capacity Act.

People were offered a choice of meals and drinks.

Is the service caring?

Good ●

The service was caring.

The atmosphere in the home was warm and friendly.

People were treated with dignity and respect.

Staff encouraged people to perform tasks independently where they were able to do so.

Is the service responsive?

Good ●

The service was responsive.

People were enabled to participate in a range of activities during their stay at Orchard Close.

Care plans were person-centred and were reviewed and updated at regular intervals.

There was a system in place to enable people to raise a complaint with staff.

Is the service well-led?

Good ●

The service was well led.

Feedback regarding the service was positive.

The home had a registered manager in post. Staff understood their role and were proud to work at the home.

There was a system in place to monitor and assess the quality of the service people received.

Orchard Close Care Home

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 22 November 2016 and was unannounced. The inspection team consisted of two adult social care inspectors. Before the inspection we reviewed all the information we held about the service including notifications; we also contacted the local authority contracting team. At the time of the inspection a Provider Information Return (PIR) was available for this service. 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.

During our visit we spent time looking at three people's care plans. We also looked at three records relating to staff recruitment and training, and various documents relating to the service's quality assurance systems. We spoke with the registered manager, deputy manager, two support staff and a domestic worker. We spoke with three people who were present in the home on the day of our inspection, as well as a family member who was visiting. We also spoke two other relatives of people who had recently used the service, over the telephone.

Is the service safe?

Our findings

All the relatives we spoke with told us their family member was safe at Orchard Close. One relative said, "I know I don't have to give (name of person) another thought for the week, they are safe, happy and well cared for." When we asked another relative if they felt their family member was safe at Orchard Close they responded, "Oh yes, definitely."

Each of the staff we spoke with were able to identify different types of abuse and understood their individual responsibility in keeping people safe. Staff told us they would report any concerns to a more senior member of staff and they were confident any issues would be addressed appropriately. Staff said they received regular training in safeguarding vulnerable people and the registered manager told us recent safeguarding training had included a review of the findings of a public document regarding an enquiry into institutional abuse within another care service. This showed staff were aware of their responsibilities in keeping people safe from the risk of harm or abuse.

A range of equipment was available at the home, this included height adjustable beds and a mobile hoist. Some bedrooms and a bathroom also had ceiling tracking hoists in place. This showed equipment was available to support people with moving and positioning during their stay at the home.

Action to be taken in the event of a fire was on display in an easy read and picture format so it was appropriate for people who were staying at the home. We saw regular checks were completed on the fire prevention and detection system, this included in house monitoring of the fire alarm and emergency lights and servicing of the system by a suitably qualified person. We also saw safety certificates for the electrical wiring and gas equipment, checks on portable appliances was being completed on the day of our inspection. The registered manager told us that in the event of any repairs or maintenance being required, this was reported to the registered provider and action was taken to address the issues in a timely manner. They also said there was an ongoing programme to ensure the home was suitably decorated and furnished, and new carpets had recently been ordered. This ensured people were cared for in a suitably maintained environment.

There were a variety of risk assessments in each of the care plans we reviewed. For example, falls, steps, road safety and money management. The risk assessments were detailed, person centred and had been reviewed recently. This evidenced people's care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

No one we spoke with raised any concerns regarding staffing levels at the home. Staff told us the majority of the staff team had been employed at the home for a number of years and staff turnover was very low. The registered manager told us potential candidates attended an interview at the home, and where possible a person who was staying at the home would be invited to be part of the interview process. We reviewed a random selection of three staff recruitment files. One staff member had been recently recruited and we saw an application form had been completed as well as references and a Disclosure and Barring Service check

(DBS) prior to the commencement of their employment. Two staff who had been employed for a number of years did not have this evidence in their files. The registered manager explained that previously pre-employment checks had been completed and stored by the registered provider but they said this had now changed and this evidence was requested and stored at the home. They said all staff were currently renewing their DBS checks and this was confirmed by one of the staff we spoke with. This showed the registered provider had systems in place to reduce the risk of employing people who may not be suitable to work with vulnerable people.

Appropriate arrangements were in place in relation to the recording and administering of people's medicines. Staff told us people brought their medicines in with them when they came to stay at Orchard Close. They explained two staff would book the medicines in, ensuring the medicines were correct so they could administer people's medicines safely and in line with the instructions of the prescriber. The registered manager told us staff completed regular medicines training and received a check of their competency annually; this was confirmed when we spoke with staff.

The registered manager told us a medicines audit had recently been completed by the local authority but they had not yet had the report back, however, they said no issues of concern had been raised on the day of the audit. Another staff member told us they were responsible for completing regular internal medicine audits. We saw the completed audits for July, September and October 2016. Audits are a way of identifying areas for improvement and ensuring people are receiving their medicines safely and appropriately.

We looked at completed medicine administration records for the three people who were at the home on the day of our inspection. The recorded stock tallied with the number of times staff had signed to confirm the medicine had been administered and the record clearly identified the person who the record related to. This demonstrated the management of people's medicines was safe.

Is the service effective?

Our findings

Information was communicated to staff on a daily basis through a series of shift handover meetings. This was chaired by the team leader of the previous shift and all relevant information was passed on to the incoming staff team. We observed the lunchtime handover on the day of our inspection and heard staff sharing information about people's activities, medicines and general wellbeing. Staff also passed on other pertinent information, for example, electrical testing of portable appliances was being completed that day by a service contractor.

The registered manager told us all new staff completed the registered provider's programme of induction training. They said this included formal training and the completion of a number of shadow shifts where the new employee worked alongside a more experienced member of staff. This was corroborated when we spoke with staff who each told us how new staff were supported in their role. One of the support workers said, "We take them (new staff) under our wing and look after them." Providing a thorough induction helps to ensure new staff have the knowledge and skills to perform their duties effectively.

Staff and the registered manager all told us they received regular training updates. They explained the service 'closed' for a two week period each January and during this time, staff updated and refreshed any necessary training. One of the staff told us training topics included moving and handling, food hygiene, first aid and safeguarding. When we reviewed staff training files we saw certificates for some of the courses we had been told staff had attended, but not all. For example one staff member told us they had completed safeguarding and moving and handling training however the certificates to evidence this were not in their file. We asked the registered manager about this and they told us certificates had not always been routinely provided by the training organisation.

The registered manager showed us two matrices which provided an overview of the courses staff had attended. However, both matrices had a number of gaps. One matrix listed 18 staff, seven of whom had not completed food safety training. The second matrix listed 23 staff, 13 of whom had not completed training on the Mental Capacity Act 2005. When we queried this the registered manager showed us a computerised matrix which the registered provider had very recently emailed to them. They said they had not yet inputted the information for their staff but they showed us a completed template to demonstrate how this was to work. We saw this recorded each staff member and the date they had completed training in each of the topics specified by the registered provider. The registered manager also explained this system had been developed to alert them when staff training was due to be updated.

The registered manager told us staff received ongoing supervision. They said they were responsible for the supervision of the deputy manager and senior staff, senior support staff then supervised the rest of the staff team. When we spoke with staff they confirmed they received regular supervision from a more senior staff member. One staff member said, "Yes, it is useful (having supervision), if you have a worry it is good to air it." Another staff member also told us they had received regular supervision, adding, "I feel very supported." When we looked at staff personnel files we found there was not always a formal record of the supervision staff had received. When we asked the registered manager about this they said that although staff received

regular supervision, it had not yet all been documented.

Whilst we were reassured from our conversations with staff, our observations of them and the documents we had seen during the inspection, that staff did receive regular training and supervision and had the skills to meet people's needs, it is important to ensure this can be clearly evidenced.

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.

All the staff we spoke could demonstrate an understanding of the basic principles of the MCA. The registered manager told us there was a variation in the level of capacity of people who stayed at the home. One member of staff said, "It is about people's ability to make decisions. People also have the right to make bad choices as well as good ones. If they can't make decisions we try to talk to them about what is in their best interests, but we can't force them." Another staff member told us the registered provider had recently updated the risk assessment documentation, they explained this now made reference to people's capacity to make decisions regarding each specific risk assessment. This showed the registered provider and staff were aware of their responsibilities under this legislation.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There was no one staying at the home when we visited who was subject to a DoLS authorisation.

Meals were prepared at the home by staff. One person said, 'The apple crumble and custard was good and I like chicken meatballs. We had roast pork - that was lovely.' We saw this person eating their breakfast which they clearly enjoyed. Staff had placed a napkin by their plate and staff told us this was because the person liked to wipe up any crumbs themselves. There was a variety of options for people to choose from for each mealtime. We heard staff offering people a choice as to where they wished to eat their meal, including the dining room, the lounge or their bedroom.

We asked how people accessed healthcare services, should the need arise, during their stay at the home. The registered manager told us in the event of anyone being unwell, support would be obtained either from the local GP surgery or via in the event of more urgent treatment being required, via the 111 or 999 service. This showed people using the service could access additional support when required for meeting their care and treatment needs.

Orchard Close has bedrooms, toilet, bath and shower facilities on both the ground and first floor. On the ground floor there was also a reception area, dining room, lounge and conservatory. There was a large secure garden at the back of the home which people were free to access as they wished. The registered manager told us plans were in place to convert an outside games room into a cinema room with a non-alcoholic bar. This showed the service was reviewing the facilities provided for people and looking at how they could be improved for the benefit of the people who used the service.

Is the service caring?

Our findings

Feedback about the service and the staff was positive. One person said, "I really like coming on holiday here." A relative said, "(Person) really looks forward to going (to Orchard Close)." Another relative told us, "I can't praise the service enough. I would let them come here as often as they liked. They start looking forward to their next visit as soon as they leave." A comment in the compliments book, dated July 2016, recorded, 'I've had a wonderful stay, I would like to come back again one day'. One of the staff said, "It's fantastic here. I would love to stay here if I ever needed help."

There was a notice board on display with the names and photographs of the staff. This enabled people staying at the home and visitors to be able to clearly identify staff employed at the home. One person showed us the board and told us they knew all the staff names, they pointed out the staff who were on duty on the day of our inspection.

On the day of our visit, the three people we met each looked well cared for, clean and tidy, which was achieved through good standards of support from staff. The atmosphere in the home was relaxed and homely; staff did not wear uniforms and people had open access to the communal areas, secure garden, bathrooms and kitchen. All the interactions we saw and heard were caring and friendly but also professional. At lunchtime there was only one person resident in the home, staff sat with the person and everyone ate their lunch together. There was friendly chatter and the person was actively involved in the conversation. A member of staff told us this was the normal routine at the home with people who were staying at the home, and staff, sitting and eating together. During the afternoon a person was watching a programme on the television in the communal lounge, we saw staff interact with them whenever they entered the room. For example discussing the characters in the television programme the person was watching.

When we spoke with staff they spoke to us in a caring and professional manner about the people they supported and were knowledgeable about people's likes and dislikes. For example, how people communicated or what they liked to eat and drink. Staff told us people got up and went to bed at the time of their own choosing, one staff member said, "It's all about what they want. Last week we had a lively group in, they were watching DVD's and playing on the Wii until late."

Staff respected the privacy and dignity of the people who stayed at the home. For example, staff knocked on people's bedroom doors prior to entering. Bathroom, toilet and bedroom doors could all be locked by people without the need for staff intervention. When we spoke with a domestic worker at the home, they told us they always introduced themselves to people. They also told us if people were watching a programme on the television they would close the door when they switched the Hoover on or they would come back to Hoover later so as not to disturb the person. Staff explained how they ensured doors and curtains were closed prior to them supporting people with their personal care.

We asked how people were enabled to maintain life skills. One member of staff said, "We wouldn't de-skill people. If they do it at home, we encourage them to do that here." One member of staff explained how

people's spending money was managed on an individual basis. They explained how some people were able to manage their money for the week but other people may need staff support to ensure their spending money lasted them throughout the period of their stay. We saw people were encouraged to be independent. One person was prompted to ensure they had their belongings ready for when their relative arrived to pick them up later that morning. This showed people were encouraged to be independent, wherever possible.

Is the service responsive?

Our findings

We looked at the activities which were available for people during their stay at the home. One person told us they had been to a car boot sale and a Christmas fayre and had enjoyed buying gifts for their family. A relative we spoke to said, "They do lots of activities and (person) really enjoys that."

We looked at two information booklets which were on display in the reception area. Both were in an easy read and pictorial format and provided information about the home, the services they offered and the activities people could participate in during their stay. This included swimming, bike riding, discos and trips to the beach. Staff told us most people arrived at the home on a set day of the week; they explained that once people were settled in then a welcome meeting was held. Staff said they then asked people for two activities they wanted to participate in during their stay; they told us, "We try to accommodate both choices, but definitely one of the choices." The home also had themed weeks which the registered manager said were very popular. Themes included a sports week, cookery week and an arts and crafts week. Enabling people to take part in meaningful and enjoyable activities is a key part of living well.

The registered manager told us when a referral was received for the service it was discussed at a referrals' panel. The registered manager said if the referral was approved, then the person was invited to come to the home for tea, and then at a later date, have an overnight stay. They explained this enabled people to become familiar with the environment and the staff prior to commencing a period of respite. They also said that prior to a person coming for further episodes of respite care, people were asked to provide an update of their care and support needs to ensure people's care plans and risk assessments were still correct and appropriate.

Each of the care plans we reviewed was neatly organised with information that was easy to locate. Records were person-centred and contained information about the person's care and support needs, likes and dislikes. Each record was written from the individual's point of view and not the staff's, for example, 'I dress myself but you may need to remind me to put a clean top on'. People's preferred method of communication was also recorded, including their level of understanding and how they expressed themselves. One care plan stated, 'Please don't ask too many questions or give me too much information at once. I use some Makaton; try this if I don't understand.' This level of information is important to ensure staff have the knowledge to meet people's needs effectively.

All three records were dated during 2016 which showed they had been updated for people's current stay at the home. A member of staff told us people's care plans were continually being updated as staff got to know more about people during their repeated stays in the home. They also explained they had recently updated the yearly review form which was sent to people and their families. This had been sent out in August 2016 to everyone who used the service, and at the time of our inspection 75 had been returned. The form was in an easy read and pictorial format and addressed a range of topics. This included people's health, medicines, feelings, activity preferences and abilities with respect to everyday tasks, such as personal hygiene and walking. The member of staff explained their next task was to review the feedback and ensure additional information was recorded in people's care plans.

When we spoke with people and their families, no one raised any concerns regarding the service they received from Orchard Close. We saw there was information on display in the reception area about how people could raise a complaint about the home; this was in a pictorial and easy read format. The registered manager told us the service had received one complaint in recent months and this was currently being dealt with. They told us that in the event people or their families were unhappy about any aspect of the service, they aimed to resolve issues promptly before matters escalated. This showed the service was proactive in addressing any concerns or complaints.

Is the service well-led?

Our findings

When we spoke with people at the home and family members, feedback about the staff and the service provided was unanimously positive. The comments book placed in the reception area of the home contained positive feedback from people and their families. One of the comments was from the local GP surgery, "Many thanks for taking the time to speak to the medical students. They gave really great feedback and found the visit really valuable."

The registered manager had worked at the service for four years and deputy manager had been in post at the home for over 25 years. They told us they both worked shifts 'on the floor' ensuring they acted as role models for other staff. The registered manager said, "I feel the service values the people that come to stay here and gives them opportunities".

Staff understood their roles and responsibilities, which meant they were able to work together as a team because they were clear about what was expected of them whilst they were on duty. Communication throughout the staff team was open, and staff demonstrated their understanding of the responsibility they had to make sure that people were safe and supported in making decisions. Each staff member we spoke with was passionate about their role and talked proudly about the home and the service they provided. One staff member said, "A lot of us have been here a while. Everyone enjoys working here and working together. This is a brilliant place, a joy." Another staff member said, "It's so brilliant to have a job I love."

The registered manager told us a senior manager within the registered provider's organisation completed approximately three audits per year at the home. We reviewed the most recent audit dated October 2016. We saw this reviewed a number of aspects of the service and asked questions linked to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, safe care and treatment and good governance. Other audits included cleaning, infection control and a financial audit. This showed there was a system in place to monitor the performance of the registered manager, the quality of the service delivered to people and to monitor compliance against relevant health and social care regulations.

We asked a relative if they had ever received a feedback survey, they said, "Yes we have had one. Me and (name of person) fill it in together." One of the staff we spoke with told us feedback was requested annually from people. They told us the format for the survey had recently been updated and improved to ensure it was relevant to the service provided at Orchard Close. We saw the document was in a pictorial and easy read format with simple thumbs up or thumbs down pictures to indicate if people were happy or not, there was also a space for comments to be added. The document asked for feedback regarding the welcome they received, their bedroom, their care and support and if they had felt safe during their stay. People's individual feedback forms were retained in their care plan files so we were unable to gain an overview of the results. Both surveys we saw gave positive feedback.

Staff meetings were held every six weeks. This was confirmed when we spoke with staff. One staff member said, "(Name registered manager) always tell us what is going on." We saw a notice on an office wall which

informed staff of the dates for the planned meetings throughout 2016 and we reviewed the meeting minutes from the meeting held in September 2016. The minutes recorded the names of the staff who attended and the topics discussed, this included staff training, annual leave, cleaning and service user issues. Minutes from a number of other staff meetings held during 2016 were stored on the office computer. Staff meetings are an important part of the registered provider and manager's responsibility in monitoring the service and coming to an informed view as to the standard of the service provided for people.

Accidents and incidents were recorded by staff and where appropriate they were reported to the local authority safeguarding team. Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. We noted that although the accidents and incidents which had occurred appeared minor in nature, neither the registered manager nor the registered provider had notified the Care Quality Commission of these. We spoke to the registered manager about this and they told us this had been discussed at a recent managers' meeting following CQC inspections at other homes operated by the registered provider. We saw evidence in the minutes that this had also been shared and discussed with staff. This showed the organisation had taken action where shortfalls had been identified.