

Options for Care Limited

Orchard House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service: Orchard House is a residential care home providing personal care to a maximum of seven people with mental health needs at the time of the inspection.

People's experience of using this service:

- People's safety had been promoted and their risks has been recorded.
- Staff were safely recruited and received the training and support they needed to undertake their role.
- People and staff spoke positively about the registered manager and felt able to raise concerns and were confident that these would be addressed.
- There was a wide range of opportunities for people to engage in activities and follow hobbies and interests.
- People were very positive about the staff and told us that their privacy and dignity was promoted.
- The service had good community links such as local churches and schools.
- Preferences and choices were considered and reflected within records
- The service checks and maintenance had ensured the service and equipment was safe for people living at Orchard House.
- Systems of governance and oversight were robust and had identified any issues which required improvement.

We found the service met the characteristics of a "Good" overall rating

More information is available in the full report.

Rating at last inspection:

Requires Improvement (Published March 2016).

Why we inspected:

This was a planned inspection based on previous rating. Since the last inspection the home became dormant and no longer offers the service type of Learning Disabilities.

Follow up:

We will continue to monitor the service closely.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our Well-Led findings below.

Good ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one inspector.

Service and service type:

Orchard House is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and serious injuries. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection, we spoke with three people to ask about their experience of the care provided.

We spoke with two members of care staff and the registered manager. We reviewed a range of records. This included two people's care records and multiple medication records. Various records were reviewed, in relation to training and supervision of staff, the management of the home and policies and procedures developed and implemented by the provider.



Our findings

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

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

Safeguarding systems and processes

- People were kept safe and knew who to raise concerns with if needed. People referred to the notice board in the lounge which listed expected care and support to assist with recognising poor care and what to do.
- The registered manager and staff knew how to recognise and protect people from the risk of abuse.
- The provider's policies and procedures provided staff with guidance and steps to take to keep people safe.

Assessing risk, safety monitoring and management

- People were encouraged and supported to take positive risks to support their well-being and independence. Where people needed, staff supported them to maintain their safety to manage those risks.
- People's identified risk had been recorded and documented for example, risks associated with social needs.

Staffing and recruitment

- There was a low staff turnover and people were supported by enough staff to meet their physical and social needs. One person told us, "Always staff around at least two which is more than needed."
- Staff told us before working at the home, checks were made to ensure they were suitable to work with vulnerable adults.

Using medicines safely

- Staff worked closely with people, so they were involved in the management and administration of their medicines.
- People were supported, and staff looked for new ways to promote independence. This included supporting people to manage their own prescribed or over-the-counter medicines and continually assessing this with people to ensure they remained able to do this. One person told us, "I get my medicines every seven days, and then lock them away."

Preventing and controlling infection

- People told us the home environment was clean and their rooms were kept clean by them or with staff

support.

- People had the option to wash their own laundry or have staff do this on their behalf. There was a separate laundry area to the main laundry to promote independence.

Learning lessons when things go wrong

- Staff had completed reports and shared information with the management team where a person had been involved in an incident or accident. Lessons learned from each situation had been recorded such as referrals to other health professionals.

Our findings

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

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

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

- People shared their needs and choices with the management team before living at the home. The management team checked people's preferences and the care they required, to assure themselves they could provide the care needed.
- Staff said the information contained within people's assessments supported them to provide care to people based on their preferences.

Staff support: induction, training, skills and experience

- People were supported by staff who understood their needs and how they liked their care to be provided.
- Staff had completed training and told us they understood people's health conditions.
- Staff told us they were supported in their role with structured, routine staff meetings and individual discussions. The registered manager gave staff opportunities to talk about their responsibilities and the care of people living in the home.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed their meals, made their own choices and were involved in buying and preparing the food.
- Staff understood the need for healthy choices of food and were able to tell us about people's nutritional needs.
- People who were at nutritional risk were monitored to ensure they maintained a healthy weight and referrals were made to external professionals for advice and support when needed.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager was open in their communication with other agencies such as the local authority.
- There was a consistent staff team and a regular handover meeting so relevant and important information could be shared amongst staff.

Adapting service, design, decoration to meet people's needs

- The home was adapted to meet people's needs. There was a clear layout of the home, and people were seen to navigate the home and communal areas with ease. We saw communal areas were made safe for people to use.
- There were several communal areas to choose from including quiet areas and people chose how they spent their time at the home.

Supporting people to live healthier lives, access healthcare services and support

- People had seen opticians, dentists, chiropodists and other professionals had been involved to support people with their care needs.
- Care plans showed care was provided in line with current guidance and advice that had been given by community health professionals and GP's was followed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People currently living at the home were able to make decisions for themselves.
- Staff understood when a person would be unable to make decisions they would be made on behalf of people in consultation with relatives and appropriate others in people's best interests.

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People told us about living at the home and said the staff were kind, caring and attentive to them.
- People had made friends at the home and one person told us, "I am happy and settled."
- People's needs were understood by staff and people knew they mattered as an individual.
- People were relaxed around staff who supported them and people happily asked for any assistance or guidance they wanted.
- Staff were passionate about the care they provided to people living in the home. Staff acted professionally, although we saw they were not afraid to show a caring approach.

Supporting people to express their views and be involved in making decisions about their care

- People made decisions about their daily lives and care and were listened to and supported.
- People lived their lives as they wanted. People had as much support as they individually desired. This ranged from full physical care, to support with mental health.
- Staff understood the importance of people's views, preferences, wishes and choices being respected.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were good at promoting their independence and helping with reminders and prompts. One person told us, "I recognise I have moved on and can do more than before."
- People gave us examples of where staff had worked sensitively to support them so they knew they were respected. One person told us, "I now have a bank account", which staff had supported the person to open so they were fully involved in their finances.
- People told us staff worked proactively to promote their privacy and dignity. People were free to express their views, with support when needed, in an inclusive and accepting home.
- We saw staff were polite and respectful and ensured people's human rights were upheld.

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People benefited from receiving care which reflected their unique needs and preferences. Staff gave examples of ways they worked to involve people to promote decisions with their care.
- People shared their experiences of how they had benefitted from the positive choices made to improve their wellbeing.
- Staff had taken time to make sure they understood people's past, and how this affected their current goals.
- People's goals were defined within their care and support plans. People and staff recognised through regular reviews when people needed additional goals.
- The management team were proactive in accommodating people's wishes, so they were able to have a good quality of life and remain at the home.
- People had many opportunities to continue with their personal interests, based on their wishes. One person told us, "I don't get bored and I am free to come and go."

Improving care quality in response to complaints or concerns

- No complaints had been received, however there were clear policies in place for people to follow. One person told us, "[Registered manager] is easy to talk to and sort things out."

End of life care and support

- People's advanced care wishes and decisions had been discussed and reviews were used to continually check and update any plans of care.

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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their wishes were listened by the management team who focused on people's happiness, health and wellbeing.
- People said the home leadership focussed on inclusion and independence.
- Staff were motivated and enjoyed being part of the home and told us the provider and registered manager recognised their hard.
- There was framework of accountability to monitor performance and risk, leading to the delivery of quality improvements to the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Continuous improvement was underpinned by a range of audits which focused on positive outcomes for people. Any identified improvements were put into place in a timely way to improve people's quality of life. The registered manager spent time with staff and people who lived at the home. The provider and registered manager used their comprehensive knowledge of people's needs when planning further development of care.
- Staff told us learning from concerns and incidents was used for continuous improvement and to adapt the support provided to reduce the risk of further reoccurrence.

Engaging and involving people using the service, the public and staff

- People were asked about the way their care and support was delivered. For example, looking at achieving personal goals.
- The providers constantly communicated with staff directly, attended meetings with them and took an interest in them as an individual.
- People held and led regular meetings to discuss the running of the home. This included activities,

suggestions, discussion on fire drills and routine maintenance.

Working in partnership with others

- The service had a systematic approach to working with other organisations to improve care outcomes. The providers and staff championed the rights for people with mental health. This included involving local hospitals for support.
- People were absorbed into the local area. People told us they were confident to go out in the community and knew where to go if they needed assistance.