

Hampshire County Council

Orchard Close Care Home

Inspection report

28 Westfield Avenue
Hayling Island
Hampshire
PO11 9AG

Tel: 02392468313

Date of inspection visit:
09 January 2020

Date of publication:
20 April 2020

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 Close provides short term respite care for adults who are living with a learning disability. The home has a maximum occupancy of 15 people. At the time of our inspection two people were resident at the home, due to staff training. A consultation process was in progress regarding the future use of Orchard Close.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People spoke positively about the service and the management and staff.

There was a friendly atmosphere in the home and staff supported people in a kind and caring way that took account of their individual needs and preferences. People and their families were supported to express their views and be involved in making decisions about their care and support.

There were systems and processes in place to protect people from harm, including how medicines were managed. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns. There were sufficient numbers of experienced staff to meet people's needs. Safe recruitment practices were followed to make sure only suitable staff were employed to care for people in the home.

Staff were supported to gain relevant knowledge and skills through an on-going programme of training, supervision and appraisal.

The service worked well with other agencies to promote people's wellbeing. People were supported to maintain their health and to attend health appointments if necessary. They were supported to eat and drink enough to meet their needs and to make informed choices about what they ate.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was responsive to people's needs and staff listened to what they said. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. People could

be confident that any concerns or complaints they raised would be dealt with.

The provider and registered manager were promoting an open, empowering and inclusive culture within the service. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 17 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Orchard Close Care Home

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Orchard Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with the registered manager, deputy manager, service manager, and two residential support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People had access to information and support about safeguarding and how to stay safe.
- Policies and procedures were in place in relation to safeguarding and whistleblowing and these were accessible to all staff. Records showed and staff confirmed they had received training in safeguarding adults and this was regularly updated.
- Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Assessing risk, safety monitoring and management

- Risk assessments were in place to support people to be as independent as possible and provided clear and relevant guidance for staff. The records had been regularly reviewed and updated and were written in such a way to prompt staff to manage each risk in the least restrictive way possible. Staff could describe people's risks and what they did to support people safely.
- A range of systems and processes were in place to identify and manage environmental risks, including maintenance checks of the home and equipment and regular health and safety audits.
- Records contained a fire risk assessment and regular checks and tests of the fire alarm, emergency lighting and fire safety equipment. Each person had a personal emergency evacuation plan. A current Legionella risk assessment was also on record.

Staffing and recruitment

- Staffing levels were calculated according to people's assessed needs at the time of their stay at Orchard Close and this was reflected in the staff rota. For example, one person required a staffing ratio of two to one when being supported to access the community.
- The provider had continued to follow safe recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at the records of two staff recruited since the last inspection and saw all the required checks had been made before they commenced employment.

Using medicines safely

- Medicines administration systems were robust and well organised to help ensure people received their medicines when required.
- Staff had continued to receive training in the safe administration of medicines and this was followed by competency checks.
- People were supported to manage their own medicines within a framework of individual risk assessment.
- Medicines were checked regularly so that any potential administration errors would be identified quickly

and action taken.

Preventing and controlling infection

- The provider carried out infection prevention and control (IPC) checks and audits as part of the monitoring of the safety of the service. Policies and guidance were available and reviewed.
- There was an annual infection control mission statement and a member of staff designated as the infection control lead completed an annual infection control report on the previous year.
- Cleaning schedules were in place and followed. The home was clean and tidy and cleaning materials were kept locked away when not in use.
- At a recent inspection the kitchen had been given a food hygiene rating score of five, which is the highest possible score.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was appropriately recorded and reported. The provider and registered manager reviewed this information for any trends.

Is the service effective?

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant 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

- A pre-admission needs assessment took place that included any cultural and spiritual expression, diet, sexuality, and communication needs a person may have, as well as any relevant staff training that may be required to meet the individual's needs.
- The service worked with people, their families and other professionals to assess people's needs and ensure support plans were kept up to date. For a recently admitted person the assessment included a planned transition period, during which the person had opportunities to visit the service to see if they liked it. This also enabled the staff to assess the suitability of the service to the person's needs.

Staff support: induction, training, skills and experience

- At the last inspection we found the service could not clearly evidence all staff training was up to date and supervisions were not always documented. At this inspection we found improvements had been made. The provider had introduced a new online system for monitoring the delivery of staff training. There were also folders within the service containing training certificates for individual staff, which demonstrated staff received relevant training and regular updates.
- Staff confirmed they received a comprehensive induction and further ongoing training to give them the knowledge and skills to be effective care and support workers.
- On the first day of our inspection, emergency aid refresher training was taking place.
- There were records showing dates when individual staff supervisions were due and when they took place. Staff confirmed they received supervision approximately every two months.

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

- Support plans contained detailed guidance, for example about any allergies and support individuals required with eating and drinking. This information was updated as and when people's needs changed and also communicated between staff at handovers.
- A person assessed as being at risk of choking had a detailed support plan in relation to what they could eat, how it should be prepared and what size meals should be. This had been done in liaison with the person, their family and speech and language therapist. This meant the person was being supported to eat meals which they could swallow safely and enjoy at their own pace.
- People were supported to make choices about what they ate and drank. Realistic plastic models of food, such as a fried egg for example, were used to help with this as well as pictures.
- Adapted cutlery, cups and plates were available if needed to enable people to eat as independently as possible. Staff received training in menu planning, nutrition and special diets, as well as food hygiene.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People who came to stay at Orchard Close were temporarily registered with the local GP surgery, so that support was available if they became unwell during their stay. The registered manager said the service had a good relationship with the GP surgery and community nursing team.
- The service also had links with day services, which supported the continual assessment of people's needs and consistent and timely support. Records showed people had been referred for assessment to other health professionals, such as speech and language therapists and occupational therapists, when appropriate.
- A system was in place to ensure the service had up-to-date information about people's health care needs prior to each stay at Orchard Close. Records were kept of when people attended medical appointments and the outcomes of these.
- People's support plans included specific guidance about their personal needs regarding oral health care. For example, a person required and received hand over hand support to clean their teeth.

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

- Bedrooms, toilet, bath and shower facilities were situated on both the ground and first floor. On the ground floor there was also a reception area, dining room, lounge and conservatory. People had access to a large secure garden at the back of the home. A sensory cabin had also been built on site, which provided an additional resource.
- The home was designed and equipped to support people with a range of needs and abilities. Equipment such as hoists and accessible bathrooms were available. There were pictorial signs and symbols around the building showing staff on duty, menus, the fire evacuation procedure, toilets and bathrooms.
- There was a plan for the ongoing redecoration and renewal of the premises. New stair carpets and curtains were scheduled to be fitted and the call system was being updated.

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 when this is in their best interests and legally authorised under the MCA. 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.

- Staff completed training and showed an understanding of The MCA and DoLS. Staff understood the importance of seeking people's consent before providing care.
- Mental capacity assessments were completed and best interest decisions made with the involvement of relevant others, when needed. Care plans provided staff with guidance about how to involve people as fully as possible in making decisions.
- The provider had applied for appropriate DoLS authorisation where required.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- A person told us, "I love it. Best respite centre I've been to" and "Every one of the team has a big smile on their face. It's always a welcoming atmosphere." Another person said, "It's going well. I get the support I want."
- We observed a relaxed atmosphere in the home. Staff communicated well with people and promoted an inclusive, supportive environment.
- Staff knew the people they supported well and had developed positive caring relationships with them. Staff took time to listen and acted on what people said. They told us "We try to ensure staff work alongside a member of staff who has worked with the person before."
- The provider supported this approach through ensuring all staff received training in equality and diversity and providing safe, person-centred care.

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

- A person told us, "Staff are very good, brilliant" and "Offer you what you want in the morning."
- People were involved in their individual support planning via an 'All About Me' book, which detailed their likes and dislikes and how they communicated. For example, a person's support plan stated they did not communicate verbally but liked to be included. There were meetings between people and the staff to plan and review activities during their stay.
- Staff demonstrated knowledge of people's personalities, abilities and support needs. The deputy manager told us, "We are passionate about people's communication and choices."
- Support plans included clear guidance to assist staff to involve the person and help them with everyday decisions. For example, how best to present information and ways to help the person understand. Records showed staff involved people in decisions about their activities, daily living tasks and care, with support from families or advocacy.

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff respected their privacy and protected their dignity. Staff spoke about people in a respectful manner and demonstrated understanding of their individual needs.
- People's care and support plans were written in a respectful way that promoted people's dignity and independence. For example, one person preferred female staff to support them with personal care and staff support was planned accordingly.
- Each person had their own bedroom and could have a key if they wished to keep it and their belongings secure

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Information about people's health and social care needs was gathered at the initial assessment through engagement with the person, their family or carer, social workers, health care professionals and others involved in the person's care and support.
- People and their carers who had used the service before were sent a pre-stay questionnaire letter, to ensure the service were aware of any changes and had the most up-to-date care needs information. Staffing levels were planned in advance to suit the individual needs and choices of those people coming to stay, including staff support for community activities.
- Care and support plans provided detailed guidance for staff, including essential information about what to do and what not to do when supporting individuals, which promoted a positive experience for people during their stay. A person told us, "If you're a bit stuck, they help you. They take that load off you, so you're not worried. I don't want to bother staff, but they say that's what they're here for."
- Records showed the service was responsive to people's requests for particular dates and times to access the service. While it could be a challenge to provide a service to everyone at their preferred times, including requests for changes, it was evident that the service listened to and worked with people to meet their needs and choices.
- Records showed that advocacy services were used in engaging people, their families and carers, to be involved in their care and support. People, their families and carers had also been consulted during recent discussions about the future of the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had their communication needs assessed and documented as part of their care and support plan and was supported accordingly.
- The registered manager gave us an example of how staff used a person's support plan to enable the individual, who had a learning disability and hearing impairment, to make choices. The person understood some Makaton sign language and also used some sign language of their own. Staff used this to communicate with the person, as well as using simple pictures and ones the person was familiar with, so the person was able to make choices during their stay.
- A post-stay survey was used and this had been re-developed to make it more user friendly with pictures, signs and symbols. The annual survey was also being re-developed to make it more accessible and improve

the return of feedback.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager told us people's friends and relatives were able to visit at most times, although the service asked them to ring first to check the person was in and not out on an activity. The service did not have many such visits as it was a respite unit and people's families and carers were away having their own breaks. There was information about this in the reception area.
- Staff supported people to be involved in choosing their activities during their stay at Orchard Close. Information about the services and activities on offer was provided and was also discussed with people at a welcome meeting held shortly after their arrival.
- The service had well developed links with local places of interest and leisure activities and received positive feedback from people and their carers about the activities that took place. Staff supported people to access the shops, local cafes, pubs, and restaurants, and also to attend local events including fetes, live music, car boot sales, and sports events on the seafront.

Improving care quality in response to complaints or concerns

- A person remarked about staff, "Every one of them is approachable." Another person told us, "Any problems, people can go to staff."
- The provider had a clear complaints policy and procedures. Information in a pictorial and easy read format was on display in the reception area about how people could raise a complaint.
- Records showed concerns or complaints were followed up and responded to, so that people were informed of the outcome.

End of life care and support

- As a respite service, the home did not provide end of life care and support.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- A person told us the service was "Safe and caring" and said, "I rate the service 20 out of 10 in all areas." Another person said, "A few times I was anxious when I came." Staff provided support and "keep me informed", which was important to them. They said, "I feel I have come on and learned since coming here."
- Staff told us they could raise any concerns or issues and were well supported. A member of staff said "It's a lovely place to work." Another told us the management team were "Good at responding to suggestions about new ways of working".
- The provider's induction training for staff included the values of the organisation, such as respect, person centred approaches, dignity and rights. All staff received annual refresher training in equality and diversity.
- The registered manager understood that if something went wrong they needed to inform involved parties and be open and honest about what had happened. The provider's policies and procedures supported this and records confirmed there was a culture of openness and transparency within the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff confirmed they were asked for their input in developing and improving the service, for example at team meetings. Staff spoke positively about how the home was managed and told us they felt listened to and valued. Staff understood their roles and responsibilities and there were clear lines of accountability.
- The registered manager ensured that regular audits of the quality and safety of the service took place and were recorded. For example, there were audits of support plans, medicines, infection control and health and safety. In addition to these, a service manager carried out regular checks for the provider. The registered manager maintained a record of actions taken in relation to audits, incidents, and feedback from people using the service or others acting on their behalf.
- The service had systems in place to report, investigate and learn from incidents and accidents. Records showed that investigations were undertaken following incidents and that appropriate actions were taken in response.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and registered manager sought people's views about how the service they received could be improved. A post-stay survey took place to ask people's opinions about their respite stay before their

departure, in order to further improve the service focusing on activities, staff, environment and meals.

- Staff received training around communication styles and the service had a member of staff with a lead role in communication, who worked with staff to ensure people's communication support plans were up to date.
- The service also liaised with care managers, people's family and carers and speech and language therapists for further information.
- Orchard Close had recently been under consultation regarding its future use, and the provider had worked closely to ensure people, their carers and staff were able to share their views, which fed in to the decision-making process.
- People were being involved in the re-decoration of the home.

Continuous learning and improving care; Working in partnership with others

- There was a culture of continuous improvement, learning and development within the service. For example, the service was in the process of further developing and updating communication support plans, and an updated annual appraisal system for all staff was being implemented.
- The registered manager attended regular meetings with other registered managers where they discussed any updates and shared information and new practice. This was then shared with the management and staff team as necessary.
- Information was also shared via staff team meetings, supervision and daily handovers. Regular staff meetings were held on different days to ensure all staff had the chance to attend and participate.
- The service worked in partnership with other professionals to help ensure people received the care they needed, including the local GP surgery, community nursing and social work teams.