

# The Regard Partnership Limited

## Orchard View

### 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 View is a residential care home providing personal care to eight people at the time of the inspection. The service can support up to nine people. The service is registered to provide support to people living with learning disabilities and autism.

Support was provided to people in one adapted building. The service was a large home, bigger than most domestic style properties and larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were no identifying signs or anything else outside to indicate it was a care home. Staff wore ordinary clothes and there was nothing to suggest they were care staff when coming and going with people.

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 told us they were happy living at the service. One person said, "All the staff here are really nice. I am happy here."

People continued to be supported to remain safe. Risk to health and safety were well managed. Staff knew how to protect people from abuse and when and how to raise concerns. Medicines were managed safely, and people received these on time and as prescribed. Incidents and accidents continued to be reported appropriately and were used as learning opportunities to improve people's support.

People's needs continued to be assessed prior to them moving in to the service. The assessment was used to plan people's support, staff training and staffing levels. Staff were well supported and supervised and had the skills and training they needed to support people. Staff were motivated and said they were happy in their roles. Staff continued to be recruited safely to make sure they were suitable to work with vulnerable people.

People were supported to access healthcare services including dental care when they needed to do so. People had access to food and drink and were encouraged to access the kitchen with support where needed.

People were involved in decisions about their care and were supported to make choices. 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.

Staff were kind and caring and offered people emotional support where this was needed. People were encouraged to express their views about their care and support. People said they were listened to by staff. Staff respected people's privacy and people were treated in a dignified manner.

People had the opportunity to feedback about their support and any concerns through surveys, house meetings. People knew the registered manager and deputy manager well and interacted with them throughout the day. People and their relatives knew how to complain if they chose to do so. Care plans and support was person centred and staff knew people well.

There were systems in place to check and maintain the quality of the service to ensure people received a good standard of care. The service continued to work in partnership with other service to improve outcomes for people.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published on 10 April 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 View

## 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

The inspection was carried out by one inspector.

#### Service and service type

Orchard View 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and three relatives about their experience of the support provided. We spoke with five members of staff including the registered manager, deputy manager and support workers. We spent time observing people being supported in communal areas.

We reviewed a range of records. This included three people's care records and multiple medication records.

We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

# 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

- There continued to be systems and processes in place to protect people from abuse.
- Staff continued to have a good understanding of what the signs of abuse were and how to report these. People told us that they felt safe at the service.
- No concerns had been raised at the service. However, the registered manager knew how to do so if concerns arose.

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed and there was information for staff to enable them to reduce risks. For example, where people lived with epilepsy there was information about this condition in their care plan including what staff needed to do to keep people safe.
- There was information in people's care plan on how to support people when they had emotional based behaviours. This included information on what the triggers for people were and how to support the person to remain calm. During the inspection we observed staff following these guidelines.
- People were protected from risks from the environment. Checks such as gas safety checks continued to be carried out. There were personal evacuation plans in place and there was easy read information for people on what to do in the event of a fire. People were involved in testing fire alarms and staff and people took part in fire drills.

Staffing and recruitment

- There continued to be enough staff to support people safely and provide people with support to go out in to the community.
- Recruitment checks continued to be carried out centrally by the provider to ensure that staff were recruited safely. For example, to make sure disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

- People continued to receive their medicine on time and as prescribed. Medicine continued to be ordered, stored and disposed of safely.
- People's support needs for medicine had been assessed. There was information on how people wanted to be supported with their medicines and what they wanted to do for themselves.
- Medicines administrator records were complete. Medicines were regularly audited, and the count of medicines kept at the service was accurate.
- People told us they were happy with the support they had with medicines.

### Preventing and controlling infection

- Staff supported people to keep their own home clean.
- Staff continued to have access to appropriate equipment such as gloves and bags to use when clothing or bedding were soiled. We observed that staff were using these and following best practice guidelines.
- Staff had received the appropriate training to learn how to minimise the risk of infection spreading and food hygiene to enable them to assist people to prepare food safely.

### Learning lessons when things go wrong

- When things went wrong lessons were learnt and learning was shared with staff.
- People's support plans had been updated where this was needed to reduce the risk of incidents re-occurring.
- Incidents and accidents were analysed, and any trends were monitored and information was shared with the provider to enable them to monitor any concerns.



# 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 Good. At this inspection this key question has remained the same. 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

- People's needs continued to be appropriately assessed. Assessments included what support people needed with areas such as personal care, medicines, health, accessing the community, communication, and managing their finances.
- Assessments included making sure that support was planned for people's equality and diversity needs such as their religion, culture, sexual and gender identity.
- Assessments of people's needs had been used to plan people's support and staffing levels. Assessments also considered compatibility to ensure anyone new moving in would get on well with the people who lived at the service.

Staff support: induction, training, skills and experience

- Staff continued to have the skills and training they needed to support people well. Training was face to face and included a wide range of topics enabling staff to support people well. Staff said, "The training is useful. We did training on sexuality recently and some of it was really helpful, helping us to open conversations."
- Staff continued to be appropriately supervised and supported. Staff received regular supervision and appraisals. The induction staff received prepared them to undertake their role safely and effectively

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

- People had access to the kitchen and made themselves and others drinks frequently throughout the day, where people needed support to make drinks this was available.
- People planned the menu, which was on display in picture format and people were supported to cook, make meals and snacks.
- Where people had health conditions such as diabetes they had been supported to understand how to keep themselves well through healthy eating and there was information for staff to support this. Where needed people's weight was monitored and reviewed.

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

- People had the support they needed if they had to go in to hospital. People had hospital passports in place. These are documents people could take with them when they went to hospital and provided useful information for healthcare staff. One person said, "Staff looked after me whilst I am in hospital."
- People were encouraged to remain active, eat well and live healthy lives. For example, one person was being supported to access help to stop smoking and was proud of their achievement.

- People had oral healthcare plans and were supported to access the dentist for regular check-ups.

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

- The building layout and design continued to be suitable for the needs of people who lived there. The garden was accessible and there were quiet spaces for people to go if they wanted to do so. There was also a large summer house which had heating, and people used this for movie nights and larger craft projects.
- People's bedrooms were personalised to suit their tastes and people told us that they were happy with the environment.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Where people were deprived of their liberty DoLS were in place.
- Capacity assessments were undertaken for specific decisions where these were appropriate. Where people were unable to make decisions themselves these were made in their best interests and were recorded.
- Staff had a good understanding of the MCA and supported people to make day to day decisions for themselves.

# 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

- People told us they were happy living at the service and that staff were kind. One person said, "This is my home and I like living here." There was a relaxed atmosphere and staff and people chatted happily and laughed together with people leading the conversation. Interactions between people and staff were positive.
- People's equality and diversity needs were respected and well met by staff trained to understand these needs. This was evident in how staff spoke to people, supported them and the language used in care plans.
- People were provided with emotional support where this was needed. Staff responded to be patiently and listened to their concerns. For example, one person was upset as they needed to go to an appointment. Staff discussed this with them in a kind and patient way. The person was happy with the support from staff and went to their appointment.

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

- People were regularly asked for their views about all aspects of their care. For example, one person went to see the GP. When they returned staff asked them their views on the experience and if they had any concerns. One person said, "Staff listen to me, they listen about my care."
- People continued to meet with their keyworkers regularly. Keyworkers are staff members who take the lead in coordinating people's care. People knew who they keyworkers were. Keyworkers spent time with people asking them about their views on support and helped people to make decisions such as what goals they wanted to work towards.
- There were regular meetings for people where they could express their views on the service and their support.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible and participate in all aspects of daily living. Staff consistently encouraged people to do things for themselves as much as possible. For example, making drinks, cleaning and laundry. One person said, "Yes they get me to Hoover in here, I do it at 5pm. I make tea for everyone and the staff, but I don't like cooking."
- People's privacy was respected. For example, staff knocked on people's doors before entering. People's records were stored securely.
- Staff spoke to people in a kind but respectful way. For example, one person was wearing a hat inside. Staff asked them if they were wearing a hat because they were cold. The person said they were not cold but wanted to keep their hat on. Staff respected this decision and carried on conversing with them on other

topics in a natural way. After this exchange the person told me that the staff member was "nice and kind."

# 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

- Support plans continued to be person centred and contained a good level of information about how people liked to be supported their likes, dislikes and preferences. Staff knew people well and knew what was important to them. There continued to be a good level of detail in people's plans about what they wanted to do for themselves and where they needed support. For example, during personal care.
- Staff involved people in writing their own plans and records such as daily notes. For example, one person was sat with staff whilst they were writing the daily notes. The staff member spoke to them about what they were writing, asked for their thoughts and encouraged them to help with spelling some of the words.
- People planned their own time and were supported in an individualised way. For example, some people preferred structure and routine and others wanted to be more flexible.

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

- People were supported to maintain relationships with relatives, friends and partners. For example, when one person was in hospital their partner was informed so that they could visit them there. People told us that this was important to them.
- Where family were not able to visit, staff supported people to go to their home and they continued to spend time with their family.
- People told us that they led active lives and accessed a wide range of activities of their choice in the community. This included social and physical activities and entertainment. For example, one person liked to go swimming, another person preferred to go out to the cinema and have dinner with their friend. Some people went to day centres where they participated in structured learning.

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.

- People's communication needs were assessed and documented in their care plan.
- Information was provided to people in a suitable format. For example, there was a wide range of information in picture format which staff used to explain things to people.

Improving care quality in response to complaints or concerns

- There had been no complaints to the service since the last inspection.

- There continued to be a policy in place and people told us they knew how to complain if they needed to do so. People and most relatives told us that they were happy with the service.

#### End of life care and support

- No one at the service was currently being supported with end of life care.
- Staff had supported people to develop end of life support plans. These included information about how people wanted to be supported at the end of their life and after their death. This included people's preferences for their spiritual, cultural and practical needs. These were personalised. For example, there was information such as what music people wanted at their funeral.

# 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

- There was an open and transparent culture at the service. Staff told us they were happy in their role and felt listened to and supported. Staff comments included, "I think [the managers] are supportive. There is an open-door policy and I know if I need them they are there." And, "We are lucky, it's lovely here. I am really well supported and it's a nice place to work."
- A registered manager was in post and people knew them and the deputy manager well. The registered manager and the deputy manager had the skills and experience they needed to manage a learning disability service.

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

- System continued to be in place to check to quality of the service and make improvements as appropriate. There were regular audits of support plans, risk assessments, medicines, infection control, maintenance and health and safety.
- Staff competency continued to be assessed to ensure that they had the knowledge and skills they needed to undertake tasks such as administering medicine.
- The registered manager kept up to date by attending local events and registered manager meetings run by the provider. This gave them the opportunity to network with other managers and share best practice.
- The registered manager had informed CQC of significant events that happened within the service, as required by law. The rating was on display at the service and on the website for the service.

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

- People's keyworkers supported them to identify any issues or concerns that they wanted to feedback about the service. There were weekly meetings for people where they could raise issues and express their views.
- There were annual surveys for people, relatives, staff and professionals. At the time of the inspection these had not yet been received back by the service. However, relatives confirmed that they had received them. The majority of relatives said that communication from the service was good and they felt listened too.
- People had been supported to be part of their community. People were well known in the community which they regularly accessed using public transport. For example, people went to local pubs and the church if they chose to do so.

#### Working in partnership with others

- The registered manager and staff worked with funding authorities and other health professionals such as the GPs and psychologists to ensure that people received joined up care.
- The service referred people to external healthcare services when this was needed.

#### 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

- There had been no incidents at the service since the last inspection which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs that result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- There was an effective system to manage and investigate other incidents which occurred.