

Norwood

# The Orchard

## Inspection report

Ravenswood Village  
Nine Mile Ride  
Crowthorne  
Berkshire  
RG45 6BQ

Tel: 01344755582

Website: [www.norwood.org.uk](http://www.norwood.org.uk)

Date of inspection visit:

04 July 2016

06 July 2016

Date of publication:

03 August 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on the 4 and 6 July 2016 and was unannounced.

The Orchard is a care home which is registered to provide care (without nursing) for up to ten people with a learning disability. The home is a large detached building situated on a village style development together with other similar care homes run by the provider. It is situated some distance from local amenities and public transport.

There was a registered manager for the service. 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.

The recruitment and selection process ensured people were supported by staff of good character. There was a sufficient amount of qualified and trained staff to meet people's needs safely. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse.

People were provided with effective care from a core of dedicated staff who had received support and guidance from the management team. People's care plans detailed how they wanted their needs to be met. Risk assessments identified risks to people associated with personal and specific behavioural and/or health related issues. They helped to promote people's independence whilst minimising the risks. Staff treated people with kindness and respect and had regular contact with people's families and representatives to make sure they were fully informed about the care and support the person received.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care.

Staff were not always provided with the training and development they needed to care for and support people's individual needs through regular supervision, meetings and updating their training. Despite this people received good quality care. The provider had taken steps to periodically assess and monitor the quality of service that people received. This was largely delegated to the home manager through internal audits, care reviews and requesting feedback from people and their representatives. However, there was a lack of evidence to support that required actions in relation to safe practices had been adequately identified and robustly undertaken in a timely manner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Safety risks were not always identified or robustly acted upon.

Feedback from a professional suggested that people were safe living there.

Staff knew how to protect people from abuse.

The provider had emergency plans in place which staff understood and could put into practice.

Staff had relevant skills and experience and were sufficient in numbers to keep people safe.

Medicines were managed safely.

### Is the service effective?

**Good** ●

The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people, although some updates remained outstanding.

Staff spoke regularly with their line manager for support to discuss any concerns or ideas.

People had their freedom and rights respected. Staff acted within the law and knew how to protect people should they be unable to make a decision independently.

People were supported to eat a healthy diet and were supported to see health professionals to make sure they kept as healthy as possible.

### Is the service caring?

**Good** ●

The service was caring.

Staff treated people with respect and dignity at all times and

promoted their independence as far as possible.

People responded to staff in a positive manner. Staff knew people's individual preferences very well.

Staff knew the needs of people well and used this understanding to enhance their quality of life and sense of well-being.

### Is the service responsive?

Good ●

The service was responsive.

Staff responded quickly and appropriately to people's individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

Activities within the home and community were provided for each individual and tailored to their particular needs and preferences.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

Staff said the management team was very supportive, open and approachable.

People could have confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

The manager could not always demonstrate that information from audits was used to identify where improvements may be needed.

# The Orchard

## 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 the 4 and 6 July 2016 by one inspector and was unannounced.

Before the inspection we looked at all the information we had collected about the service. The service had sent us notifications about injuries and safeguarding investigations. A notification is information about important events which the service is required to tell us about by law. We looked at the provider information return (PIR). 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 inspection we observed the care and support provided throughout the home. We spoke with people who lived in the home. People living in the service were unable to provide us with any verbal feedback about their experience of the care provided. We spoke with the manager of the home, two assistant managers and six staff in private. We also spoke with the quality and compliance manager for the village and the line manager of the registered manager. We contacted a range of health and social care professionals and received information from one local authority commissioner.

We looked at three people's care plans and records that were used by staff to monitor their care. Three staff recruitment records were reviewed. We also looked at duty rosters, menus and records used to measure the quality of the services which included health and safety audits.

## Is the service safe?

### Our findings

People were generally kept safe by staff who knew them well. However, safety was not always recognised as a high priority by adherence to health and safety policies and procedures designed to ensure the protection and safety of people. We found some issues where the registered manager had failed to identify and monitor risks robustly which had the potential to put people at risk of harm.

There was a maintenance contract in place with a private company who employed a range of trade professionals some of whom were located on the same site as the care homes. They were able to address maintenance issues including those that required urgent attention. The registered manager told us that their experience had been that maintenance concerns were addressed in a timely manner. However, one staff member told us that they had reported an issue with torn flooring in a bedroom that presented a hazard. No record of the request was provided and the registered manager did not know either about the flooring or that a maintenance request had been submitted. In any event the flooring remained damaged and a potential trip hazard at the time of the inspection. We noticed that material designed to protect people from the chain of a swing in the garden of the flat was ineffective. This was because it was badly damaged and no longer formed a protective layer along the length of the chain. There was evidence the material had been repaired several times with plastic tape which was no longer adhering to the material. This had not been reported or addressed and we saw no risk assessment in place in respect of the outdoor areas to which the flat occupants had access. This could cause discomfort at least to the regular user of the swing or potentially some harm.

Risk assessments were carried out and were generally reviewed regularly for each person. The risk assessments aimed to keep people safe whilst supporting them to maintain their independence as far as possible. They were personalised and fed into people's support plans to ensure support was provided in a safe manner. The guidance for staff provided information on how to manage and reduce the risks associated with individual's needs, activities and everyday situations. Appropriate risks were assessed to ensure that people participated in activities of their choice. Risk assessments relating to the service and the premises including those related to health and safety and use of equipment were in place but were not always signed by all staff as required by the provider. Relevant health and safety records were not easy to access due to files being disorganised and risk assessments relating to the outside of the premises were not comprehensive. The fire risk assessment reviewed in 2015 required updating as it made reference to a person who had moved out of the home during 2014.

We saw from staff training records that not all staff were up to date with refresher training relating to health and safety. The provider required that all staff received classroom based training in moving and positioning adults on a two yearly rolling programme. According to the records provided there were seven members of support staff and one assistant manager who were not up to date with this training. Whilst actual training dates were not recorded for all staff we could see that all the waking night staff were out of date for this training and one of the three assistant managers was last recorded as attending this training in August 2004. One person living at the home had increasing mobility needs and could potentially be put at risk from staff not being fully up to date with moving and positioning training. In addition, the records indicated that not

one of the three assistant managers had updated fire safety e-learning training since 2004 and 2005 respectively. Despite the manager stating that the training records did not accurately reflect the training undertaken he did not offer any additional information to dispute the record.

There had been a food safety inspection conducted on 20 June 2016 by an Environmental Health Officer. Recommendations had included replacement of vegetable racks which had been repeatedly repaired with plastic tape, replacement of food preparation boards and appropriate lining of ambient food storage areas which had wooden shelving. In addition, fridge temperature check records indicated that the temperature had reached 12 degrees on occasions with no action identified. The legal limit is 8 degrees with a good practice target of 5 degrees. We noted that the same vegetable racks were in use although we were told that one had been discarded and that replacement food boards had yet to be ordered. In addition, the fridge temperatures on the first day of the inspection had a recorded reading of 12 degrees with no identifiable action having been taken. This could compromise the safety of food provided to people. The timings of fridge and freezer temperature checks were not recorded and the staff member undertaking the checks could not be identified from the records. This resulted in an inability to identify possible explanations for the increased recording, such as a chilled food delivery or the staff member responsible for pursuing action following an abnormally high reading.

The staff rota was seen and demonstrated that there were enough staff throughout the day and night to meet people's assessed needs. This included five support staff covering the main house during the day between 6.45am and 9.15pm. There were three waking night staff which included one who was present throughout the night in the separate but adjacent flat where two people lived. The day shift commenced with staff staggering start times up until 9.15am. However, the 24 hour report (shift planner), which was required by the provider, in most instances recorded just AM start for all staff with no indication of the actual start time and the leaving time was often blank. There were currently two full time equivalent support staff vacancies. The support staff hours were covered by regular agency staff and the providers own bank staff facility. Staff told us that there were sufficient staff on duty to meet people's needs and to keep them safe provided that there was a full complement of staff on shift which there usually was.

People were protected from the risks of abuse. Staff had received safeguarding training and knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. Details of who to contact with safeguarding concerns were readily available. Staff were aware of the organisations whistle blowing procedure and were confident to use it if the need arose. Staff were confident they would be taken seriously if they raised concerns with the management. There had been five safeguarding referrals during the previous 12 months. Appropriate investigations and actions had been taken in each case.

The provider had robust recruitment practices which helped to ensure people were supported by staff who were of appropriate character. Disclosure and Barring Service (DBS) checks were completed to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers were obtained to check on behaviour and past performance in other employment. We looked at the recruitment files for the last three members of staff employed in The Orchard and all had the necessary information and checks required.

People were given their medicines safely by staff who had received face to face training which was supplemented by six monthly e-learning. Competency assessments in the safe management of medicines were in place as per the provider guidance. The service used a monitored dosage system (MDS) to support people with their medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) and stock was checked on a weekly basis by the registered manager. All medication administrators and medication checkers were identified at

the start of each shift on a shift planner. On the first day of the inspection we noted that the medicines administrator and the checker had been incorrectly identified on the shift planner as their actual roles were reversed. This had the potential to cause confusion in the event of any discrepancies in medicines administration. There had been three medication errors in the previous 12 months. One had related to a missing signature on the MARs sheets and two had related to missed and incorrect medicines being given. No harm had resulted from any of the incidents. Appropriate action had been taken in all cases and learning from the incidents had resulted in changes to medicines administration procedures including the re-siting of the medicines room.



## Is the service effective?

### Our findings

People received effective care and support from staff who were trained and supported by the manager and provider. However, the support provided in the form of supervision and staff meetings did not meet the providers criteria in terms of frequencies. Staff knew people well and understood their needs and preferences. They obtained people's consent before they supported them and discussed activities with them in a way people could understand. We received feedback from a local authority commissioner who had reviewed the care of two people in the home over the last five years. They told us, "Staff have the appropriate skills to enable them to carry out their job roles effectively. "

The manager and staff knew of the Care Certificate introduced in April 2015, which is a set of 15 standards that new health and social care workers need to complete during their induction period. All new staff received a two week induction when they began work at the service. This included time shadowing more experienced staff until individuals felt confident working without direct supervision. We were told that agency staff also received an induction into the home which included an overview of each person living there. They spent time working alongside experienced members of staff to gain the knowledge needed to support people effectively. Following induction, staff had opportunities to receive further training in areas specific to the people they worked with such as epilepsy, autism and understanding behaviour that challenged the service. Refresher training was available and required of staff at pre-determined intervals. We saw the staff training record which provided an overview of all training undertaken and when training was either booked or was overdue. There were a significant number of courses where some staff were overdue for renewal. However, we were assured by the management team that plans were in place to ensure that all staff were brought up to date with training regarded as mandatory by the provider and/or desirable. We saw that this requirement was detailed on the Business Plan for the home which was dated June 2016.

The provider required that individual meetings were to be held between staff and their line manager at least six times per year. Clear and documented information about supervision already held for individual staff was not made available until the second day of inspection. Of the 19 staff identified on the supervision planner three support staff and the three assistant managers had not received one to one supervision so far in 2016, four staff had met with their supervisor once and six had attended two meetings. These meetings were designed to discuss progress in the work of staff members, training and development opportunities and other matters relating to the provision of care for people using the service. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff. We were unable to ascertain whether all relevant staff had received an annual appraisal within the timescales set by the provider. Staff told us that the manager was very approachable and that they could always speak with him or one of the assistant managers to seek advice and guidance. Overall staff felt well supported despite not always receiving formal one to one supervision on a two monthly basis.

Staff meetings were held and included a range of topics relevant to the running of the home. We saw from a quality and compliance audit undertaken by a representative of the provider in May 2016 that the frequency of meetings needed to increase and that regular agenda items such as supervision, incident feedback and safeguarding should be included. Staff told us they found these useful and that they felt comfortable to raise

issues and items for discussion. We were told that the last meeting had been recorded by an administrator from the village which had proved to be useful and had eliminated delays in the minutes becoming available for those staff unable to attend.

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 the least restrictive option. 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 Deprivation of Liberties Safeguards (DoLS). Staff had received training in the MCA and understood the need to assess people's capacity to make decisions. Discussions with the manager and records showed that appropriate referrals for DoLS applications had been made in respect of individual's capacity to make particular decisions and at the time of the inspection one authorisation had been received.

People's health needs were identified and effectively assessed. Care plans included the history of people's health and current health needs. People received regular health and well-being check-ups and any necessary actions were taken to ensure people were kept as healthy as possible. Records of health and well-being appointments, health referrals and the outcomes were kept. We received some detailed feedback from a local authority commissioner responsible for the review of care for two people who stated, "I have observed that staff actively seek to engage with everyone involved in improving the health and healthcare needs of those whom they support. Service users have regular health care check-ups and regular medication reviews. They make appropriate referrals when needed. This could include speech and language therapists, occupational therapists, psychologists, neurologists."

People were supported to make healthy living choices regarding food and drink. Their meals were freshly prepared. Each person's preferences were recorded in their care plan. Activities sometimes included eating out where individuals continued to make their own choices. Most staff had received safe food handling and nutritional awareness training to support people to maintain a balanced diet. We observed the lunch time period. People were appropriately supported where required and there was a calm and ordered atmosphere. We noted that the environment and the dining table preparation could be enhanced to provide a more enjoyable meal experience for people.

The registered manager told us that there was authorisation for a complete kitchen refurbishment although the date had yet to be confirmed.

## Is the service caring?

### Our findings

People were not able to provide a view about the staff team and their experience of living in the home. However, we did observe positive staff interactions with people throughout the course of the two day inspection.

Care plans provided detailed information about the people supported. There had been input from families, historical information, and contributions of the staff team together with the involvement of people themselves, wherever possible. Care plans were written by the key workers and reviewed by one of the three assistant managers. However, there was little documentary evidence to confirm this was the case. Staff knew what people liked to do, the type of thing that may upset them or help them to feel content. They told us they were kept informed and up to date with any changes in people's support requirements. This was achieved through handover meetings, informal discussion with other team members and reading the communication book at the start of every shift.

Staff were committed to their role and were proud of the standard of care that was provided. Staff told us that they provided person centred care which ensured that the support was good. It was apparent through discussion with the registered manager, assistant managers and care staff that people's individual needs and preferences were well understood. This ensured that any changes in each person's needs was quickly acted upon in a calm and professional manner. We saw that staff explained to people what they were doing and why and asked for their permission before they undertook any task. People responded to staff's gentle approach and were able to communicate their feelings and wishes to staff who knew them well. We received feedback from a local authority commissioner who told us, "Staff work in a person centred manner and promote happiness, and emotional and mental wellbeing, rights and individual choice making."

Every person had an identified member of staff who acted as their keyworker. A keyworker is a member of staff who works closely with a person, their families and other professionals involved in their care and support in order to get to know them and their needs well. We were told that all staff within the service had received greater interaction training which was designed to ensure that individual's communication needs were fully understood by all staff. In addition, it ensured that agreed procedures and communication methods were used consistently with individuals by the staff team. Throughout the visit staff were communicating and interacting with people in a respectful and positive way and it was evident that staff knew people's preferred way of communicating. A local authority commissioner told us, "They know about the barriers and what stops people communicating and how to use different methods of communication. They understand how to support those whom they look after to communicate including people with complex needs."

Each person using the service had particular communication difficulties and support needs and staff ensured that they were involved in making decisions about their care as far as possible. Information was provided in different formats such as pictures to help people understand such things as activities and meals. However, on the first day of the inspection the picture board in the hall displaying photographs of staff on

duty was not complete and the meal board in the dining room did not reflect pictures of the food being provided on the day. These were tools used to assist people to know what to expect each day and could cause confusion. Both boards had been updated by the second day of the inspection.

Policies and procedures were in place to promote people's privacy and dignity and to make sure people were at the centre of care. Staff made reference to promoting people's privacy and clearly demonstrated an in-depth knowledge of the people using the service. They knew what people's preferences were and how they liked to spend their time. Staff described the communication in the home as good. The local authority commissioner told us that they were always updated on a regular basis with regard to activities, wellbeing and any changes that occurred.

People were supported to maintain their independence wherever possible. Staff encouraged and supported people to make choices and take part in everyday activities such as shopping and cooking. Individual care and support plans provided staff with guidance on how to promote people's independence. As the home use agency staff periodically a personal profile for each person providing the most important information may prove useful if located in an easily accessible place on the support plans. All documentation about people who lived in the home was kept secure to ensure their confidentiality.

## Is the service responsive?

### Our findings

The service was responsive. Staff were aware of people's needs at all times. Staff were able to quickly identify if people needed help or attention and responded without delay. Staff accurately interpreted people's body language or communication methods and responded appropriately.

Care plans were detailed and daily records were mostly accurate and up-to-date. Staff told us that they felt there was enough information within people's care plans to support people in the way they wanted to be supported. Because people were unable to express their own views fully, family and professionals had been involved in helping to develop the support plans. However, the people supported had lived in the care home or elsewhere on the village site for some considerable time and their support plans had developed over many years as their needs and the approach of the provider was updated. Care and support plans centred on people's individual needs. They detailed what was important to the person, such as contact with family and friends and attending community events. Staff looked at people's reactions and responded accordingly. Staff demonstrated knowledge about the care they were offering and why. They were able to offer people individualised care that met their current needs.

Care plans were reviewed annually or more frequently if a change in a person's support was required. A local authority commissioner told us, "The registered manager is very accommodating and keeps me informed of any changes or plans. He seeks advice from me and others when needed or if unsure. I can also speak for the deputy manager as she is also equally very accommodating. They take advice, they listen, have good communication and they aim to meet the recommendations made following outcomes of the reviews."

Appropriate staff were trained in assessing needs and all staff were involved in updating support plans to ensure they were thinking in a person centred manner. The support plans were described as personalised with people's likes, wants and desires being central to their aims. Staff told us that there was an appropriate amount of information in support plans which enabled them to provide care according to people's wishes. We were told and saw samples of people's review documentation which took account of people's preferences.

People were offered a variety of activities and supported to participate in those they enjoyed. A range of activities was available to people using the service and each person had an individualised activity timetable. People were supported to engage in activities outside the service to help ensure they were part of the community. Individuals were able to pursue a wide range of leisure interests including swimming, eating out, walking and visits to places of interest to the individual. People were supported to have contact with their families where appropriate.

The provider had a complaints policy and a complaints log to record any complaints made. At the time of the inspection there had been no complaints since the last inspection. People, their families, friends or advocates were able to complain if they wanted to. The service's complaints policy and procedure was produced in an easy read format. Staff were aware that some people were unable to make a formal complaint without assistance and were able to describe how people would let them know if they were not

happy. The manager told us that any comments or concerns raised by people themselves or their relatives were addressed without delay. Staff described body language, expressions and behaviours which people would use to let staff know when they were unhappy. Information about how to complain was provided for individuals in a way they could understand such as in pictorial and symbol formats. The complaints procedure was clearly displayed so that people and visitors could access information which would help them make a complaint.

## Is the service well-led?

### Our findings

There was a registered manager at The Orchard. The registered manager was present throughout the inspection process. They consistently notified the Care Quality Commission of any significant events that affected people or the service.

Although formal processes were not always up to date staff described the manager and the assistant managers as very approachable and supportive. There was an open and supportive culture in the service. Staff said the manager and assistant managers had an open door policy and offered support and advice when needed. The staff team were caring and dedicated to meeting the needs of the people using the service. They told us that they felt supported by the manager and generally worked well as a team. They told us the manager kept them informed of any changes to the service provided and needs of the people they were supporting. All staff we spoke with told us that they felt happy working in the service, and were generally motivated by the support and guidance they received. It was apparent that staff were aware of the responsibilities which related to their role and were able to request assistance if they were unsure of something or required additional support. Staff told us they were listened to by the manager and felt they could approach him and the assistant managers with issues and concerns.

People's changing needs were reflected in their care plans and risk assessments. Records detailed how needs were to be met according to the preferences and best interests of people who lived in the service. People's records were of reasonable quality and up-to-date. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were not always well organised, were sometimes difficult to find or not available.

There was little sense of collective responsibility between the management team and it was not clear what action needed to be taken and by whom in respect of escalating issues. For example, during a tour of the building the manager admitted he was not aware of damaged flooring in one of the bedrooms or the damaged protective covers on swing chains in the flat garden. Through discussion with staff it became apparent that a support worker had reported the damaged flooring but there was no available record to confirm this. We were told that a health and safety audit was undertaken on a periodic basis but this was visual only and due to changes in responsibilities and the absence of records it was not possible to identify the person who had last carried out this check.

The procedures and responsibilities for identifying, reporting and monitoring health and safety issues were unclear. When issues became apparent there was little evidence to suggest these had been taken seriously or robustly followed up by the registered manager or members of the management team. The requirements of a recent food safety inspection remained outstanding. There were significant shortfalls in staff refresher training with no clear action plan in place other than a high level business plan dated June 2016.

No robust audit of daily records including 24 hour reports was evident. This was despite these records being sparsely completed and short of the required level set by the provider. Two of the assistant managers told us that they did carry out such audits and had raised issues within staff team meetings to address the omissions. However, there was little evidence to support this. The frequency of supervisions and staff

meetings fell short of the providers required number. Each manager saw the scope of their responsibility limited to the named individuals they line managed. There was no management oversight which could have addressed the shortfalls at an earlier stage and before being pointed out by a recent provider audit.

There was a view amongst some staff that assistant managers spent much time in their office completing paperwork. When support staff were short in number a request for assistance was made by them to members of the management team. However, it was pointed out that assistance was always provided when requested. It became apparent that there was some division between the main house and the flat. This was both physical as the connecting door was locked throughout the day but also in the minds of some managers and staff. For example, when team meeting minutes were requested the manager provided samples from the main house. It only became apparent later that there were separate meetings held in the flat. When talking about staff numbers members of the management automatically excluded the two allocated to the flat.

People used individual cars to access facilities in the community and for day trips. They used the swimming pool, sports centres, coffee shops and attended social activities of their choice, wherever possible. The service promoted and supported people's contact with their families and worked closely with health and social care professionals to achieve the best care for the people they supported. One local authority commissioner told us, "I can confirm that the Orchard is well managed and organised. In my opinion the standard of care is very good, the service is homely, warm, safe, caring, and effective."