

The Disabilities Trust

Disabilities Trust - 4 Pages Orchard

Inspection report

Sonning Common
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Disabilities Trust - 4 Pages Orchard is a 'care home'. This service supported people living with learning disabilities and/or autism and was registered to support up to three people. Three people were being supported at the time of the inspection.

People's experience of using this service:

The provider has demonstrated they successfully focused on continuous improvement since our last inspection. We found the service met the characteristics of a Good service in safe and effective and improved to an Outstanding service in caring, responsive and well-led domains. We received exceptional feedback on how staff supported people and went the extra mile to get care just right for people.

People were valued and respected as individuals with staff continuously evaluating ways to improve people's lives. People were at the centre of the service delivery and the provider and staff were passionate and committed providing a high-quality service. Feedback from all relatives reflected staff were very kind, caring and committed. Staff exceeded in recognising what was important to people and ensured individually tailored approach that met people's personal needs, wishes and preferences was delivered.

People received an outstanding service that was tailored to meet their individual needs and delivered to ensure flexibility, choice and continuity of care. The outcomes for people using the service reflected the principles and values of national registration guidance, Registering the Right Support, and were evident in people's promotion of choice and control, independence and community inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills.

The service ensured that people accessed many interests and activities important to them and staff supported people to attend these which helped reduce social isolation. People were an integral part of the local community

Staff were motivated by and proud of the service. One staff member said, "This place is so friendly and supportive. We support each other in every way". There were high levels of satisfaction and a sense of belonging demonstrated by the team at the service. The emphasis on continuous improvement and ongoing reflective practices meant the provider effectively implemented new ways of care delivery that were based on best practice and innovation.

The service continued to provide safe care to people. Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place, these included completing checks to make sure new staff were safe to work with vulnerable adults. People were supported to have maximum choice and control of their lives and staff

supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely and people received their medicines as prescribed.

Rating at last inspection: Good (report published 4 August 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. We found improvements had been made since our last inspection and the service met the characteristics of Good in safe, effective and well led and Outstanding in caring and responsive providing an overall rating of Outstanding.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

More information is in Detailed Findings below.

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?

Outstanding ☆

The service was exceptionally caring.

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-Led findings below.

Disabilities Trust - 4 Pages

Orchard

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of two inspectors.

Service and service type:

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

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

Notice of inspection:

We gave the service 24 hours' notice of the inspection site visit because it is small and people and staff supporting them are often out of house. We needed to be sure that they would be in.

What we did:

Before the inspection the provider completed a Provider Information Return (PIR). A PIR is key information that providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at the notifications we had received

for this service. Notifications are information about important events the service is required to send us by law.

People living at 4 Pages Orchard were not able to fully share with us their experience of living at the home. Therefore, we spent time observing staff with people and sought the views of people who knew them well.

We reviewed a range of records relating to the management of the home including records of incidents and complaints, audits, surveys and quality assurance reports, checks to ensure a safe environment and a variety of policies and procedures developed and implemented by the provider.

We looked at three people's care and medicines records. We also reviewed four staff recruitment files including staff induction, supervision and training records.

We spoke with the assistant manager, team leader and a member of care staff. We also spoke briefly with one person in the service. Following the inspection, we received feedback from two relatives. We contacted three health and social care professionals and commissioners involved with the home but received no feedback.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management:

- Risks to people's wellbeing were assessed, recorded and updated where necessary.
- People's risks in areas such as receiving personal care, behaviours that may challenge and taking part in activities were in place so that risks could be safely managed. Staff were familiar with and followed people's risk management plans.
- Positive risk management was evident as this was focused on people's needs, choices, wishes and abilities and approached in the least restrictive way possible.

Systems and processes to safeguard people from the risk of abuse:

- People were supported by staff that understood their responsibilities to safeguard people from abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them. A relative commented, "They seem to be super keen on safeguarding which is a great comfort to us". The provider had safeguarding policies in place and the team reported concerns accordingly.
- Where people experienced behaviours that challenged others, staff knew how to respond positively to help prevent or alleviate any distress, or prevent risk of injury to the person or others. We saw a behaviour support plan in place to support someone who occasionally displayed behaviour that could challenge. This ensured that appropriate measures could be put in place to reduce these behaviours and reassure the person.
- The environment and equipment was safe. All risk assessments relating to the environment continued to be in place, the necessary certificates evidenced regular servicing and regular checks were completed.

Staffing and recruitment:

- People were supported by enough consistent and reliable staff that provided continuity of care.
- We saw that staff were recruited safely and relevant pre-employment checks were carried out by the provider to protect people from the employment of unsuitable staff.

Using medicines safely:

- People continued to be kept safe in relation to their required medicines. Medicines were ordered, stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required.
- Staff completed training in medicines administration and their competency was checked regularly to ensure their practice had remained safe.

Preventing and controlling infection:

- Staff had received training in infection control and the home was clean and free from malodour.

Learning lessons when things go wrong:

- The provider had a system to record accidents and incidents which produced data and identified trends, so that learning could be shared.
- We viewed the accidents log and saw appropriate action had been taken where necessary. When things went wrong, the service took measures to learn from it. For example, following an error around financial transactions, changes had been made to minimise this happening again.

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

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

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

- The people living at the home had been there for a considerable number of years and their needs and aspirations were continually being assessed so these could continue to be met.
- We saw the staff team were detailed in ensuring people's needs were delivered in line with guidance. Agreed goals were set and we saw these were completed.

Staff support: induction, training, skills and experience:

- Staff were competent, knowledgeable and skilled and had received appropriate training to support people and more service specific training to support people living at the home, such as autism awareness. A member of staff said, "Fantastic. Training was thorough and explained autism well. I raved to everyone how much I enjoyed it. Had shadowing opportunities and read all support plans before running a shift on my own".
- Staff spoke highly of the support they had from management and they received regular supervision and annual appraisals.

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

- Staff ensured people's dietary needs and preferences were met and that people were involved in choosing their meals each week. Pictures of meals were used to assist people choosing their meals.
- Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals in relation to these.

Staff working with other agencies to support people to live healthier lives:

- People had Health Action Plans (HAP) in place which offered an overview of people's healthcare needs. Hospital passports were also in place. These were documents to help provide important information when a person is admitted to hospital.
- Healthcare records and plans were comprehensive and offered clear guidance for staff for all people's healthcare needs. Easy read risk assessments made it clear to staff how to mitigate any risks. Records were maintained for all health appointments, for example with the dentist, chiropodist and optician.
- People's health and medications were reviewed at regular check-ups with their GP. People were supported to maintain good health and were referred to appropriate health professionals as required.

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

- People's rooms were personalised. Staff told us people had been involved in choosing the decorations and objects in their rooms.
- People had their own belongings and equipment such as televisions and music systems so they could spend time alone if they wanted to with their chosen activity.
- We saw that people's rooms reflected their personal interests and preferences and met their needs.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had applied for DoLS on behalf of people and kept clear records of which were awaiting authorisation and when they needed renewing.
- People's care plans clearly described what decisions people could make for themselves. Where people were assessed as not having capacity to make a particular decision, a best interest decision had been discussed and recorded. A relative said, "[Person] is encouraged to be independent in terms of making day-to-day decisions, such choice of clothes, food, etc". A member of staff said, "Assume that everyone has capacity. Let the person try if not risky. For example, riding a bike may have some risk but the positive aspect overrides the risk".
- The provider had trained and prepared staff in understanding the requirements of the MCA in general and the specific requirements of the DoLS.

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

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- There was a strong, visible person-centred culture. We reported earlier that people had lived in the home for many years supported by a staff team with a very low turnover. This provided consistency and continuity for people in the service and we found that staff were highly motivated and showed exceptional kindness and care in a way that exceeded expectations. The team leader and other staff spoke with fondness when describing people they supported. People were also supported to develop close relationships with each other and this was evident through our observations and time we spent with people. The team leader and staff created a warm and relaxed environment and we saw people approach staff expressing their fondness. A relative commented, "I know that the staff each have their own relationship with my [relative] and are very fond of [them]. They go above and beyond".
- We received consistent excellent feedback about the high quality of care. One relative commented, "My family and I are very grateful that we have wonderful people taking care of my [relative]". Another relative said, "I am in awe of the staff at Pages who read [person] so well and allow [person] to have such a high quality of life". A member of staff said, "They [people in the service] are family".
- The staff anticipated people's needs and recognised distress and discomfort at the earliest stage offering sensitive and respectful support at difficult times. We saw thoughtful measures taken to help a person that experienced a bereavement. A member of staff had developed a support plan to consider all the ways the person could be supported both before and after their relative had died. This included devising a list of potential questions from the person so that staff could provide consistency in their answers. We heard that staff also supported the person's relative, for example, doing shopping for them. Following the death, the person was supported to be involved in choosing something to remember their relative by and to put up photographs in the house. We saw a compliment from the person's relative who said, "Think so far [person] has dealt with this transition amazingly and although it's still early days, [person] seems secure and able to grieve in their own way. Hats off to [Team Leader] and the team who have enabled this to happen".
- A strong emphasis was placed on supporting family relationships. All the people were in close contact with their relatives and supported with visiting them or connecting with them via technology such as Skype calls. We heard of an example of a person in the service whose close relative had been involved in producing some art work for a significant historical building. The team arranged to take the person and invited another relative to visit. We saw photographs of the person and their relative with the artwork and they both looked proud. It was clear it meant the world to them and the staff told us it was an enjoyable day.

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

- People supported in the service did have limited verbal communication but due to the stability and continuity of the staff team, it ensured that people were able to clearly express their likes and dislikes. A relative said, 'Throughout the day, the staff actively involve my [relative] in discussions and decision-making, and we have observed significant improvements in his speech and use of language over the last couple of years'. People had been supported to maximise their methods of communicating so they could express their views effectively. We saw individual communication profiles in people's support plan giving clear guidance to staff. For example, there were descriptions about what may make a person anxious and how to get the person's attention before communicating with them. We saw that the speech and language therapist had worked to ensure the person had suitable widgets and symbols to aid communication. We saw that one person had been supported to purchase an iPad so they could regularly skype with their relative. This had a positive impact both the person and their relative.
- Information was in a format that people understood. For example, the meetings were recorded using pictures and the fire policy was in an easy read with pictures of fire engines and other appropriate images to assist understanding. There was a board with photographs of staff on duty and we saw that a person enjoyed changing the photographs each day. In addition, comprehensive communication profiles were used so people could express their views and make choices and decisions. These contained detailed information about person's preferred communication method. These then were used to draw up profiles that could be used for people who were not so familiar with the person, for example, if a hospital admission were required. They were also helpful if new staff joined in getting to know the person well. It was apparent that consistent use of people's preferred communication method achieved excellent results for them. For example, one person's review recorded that an improvement in person's communication had been noted. This meant the person's well-being improved as they were able to express their wishes effectively.

Respecting and promoting people's privacy, dignity and independence:

- People were treated with utmost dignity and respect. Staff had received training around dignity and how it linked with equality and diversity. Additional training was also delivered to ensure that people were supported in the least restrictive way.
- Staff demonstrated a strong need to promote people's human rights in all areas of their lives and we were given an example of how they used this in practice. The example given demonstrated that staff were aware of how to promote a supportive environment within the service which embraced people's equality and diversity. Staff also respected people's privacy. A member of staff said, "We respect people's private time and will always knock on the door before entering. For one person we wait until they answer the door as this is what they prefer".
- People were supported to maintain and develop their relationships with those who mattered to them and were close to them.
- Families could visit freely and were involved as much as they wished. Technology such as Skype was used so that people could keep in touch with their families, their social networks and friends.
- People's personal and medical information was protected. The provider's policy and procedures on confidentiality was available to people, relatives and staff. Support plans and other personal records were stored securely.

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Staff used innovative and individual ways of involving people and their family in their care and support plans so that they felt empowered and consulted. People's care was regularly reviewed with the people and input from appropriate professionals and family members who knew the person well. This meant that support plans were kept continually reviewed and discussions about ways to ensure that new goals were set to gain new skills and maintain existing ones. A relative said they were involved in reviews and said, "Recent examples include careful review of [person's] medication needs, and support for [person's] specific interests. These include [person's] enjoyment of classical music, outdoor activities such as horse-riding and cycling, and local community activities".
- Staff were continually looking for new opportunities to make people's lives interesting and enjoyable. They had gone the extra mile to find out what people have done in the past and evaluated whether they could accommodate these activities. A relative said, "[Staff name] is superb. She is always thinking how she can make the quality of life for the users better. [Staff name] has a great rapport with [person]. He is constantly thinking what is best for him and then making it happen".
- People were encouraged to try things often that they might not have considered themselves. People were taking part in many activities linked to interests they had in the past as explored by the team. Staff not only encouraged people to try new things such as new sports but also encouraged them to have an element of healthy competitive spirit. When people had taken up cycling at a nearby track, they started out riding tricycles but two of them had progressed to using a two-wheeler bicycle. This was an incredible achievement that after many years they were able to build their confidence and use a standard bicycle. It had a massive impact on people's sense of achievement and they were proud and looked forward to going weekly. This also provided an added opportunity to keep fit. We saw a compliment from a relative who said, "Thank you for that delightful newsletter. Amazed to see [person] on a tricycle again. [Person] was always on one as a toddler. I'm sure it brings great memories back for [person]".
- Staff constantly involved people in expressing their wishes and additional activities. One of the things they identified was that all three people wanted to go on a holiday abroad. Due to the cost of this, staff supported people with ways of fundraising to help with the funds. They had decided a sponsored triathlon was a good idea, as each person had strengths in the cycling, swimming and walking. This showed staff and people worked effectively in partnership to make things happen for people. We saw people had been assisted to apply for their passports and were looking at brochures for ideas of where they may like to visit.
- Staff showed a real passion to ensure that people had a great quality life. Staff recognised people's interest for outdoors and people were out all the time. This included, walking, trampolining, baking at college, money skills courses, floristry, drumming and bowling. We saw that people were attending a college course

on holistic culture. This helped people to gain an understanding of how the body and mind were intertwined and how actions can have wider implications other than an immediate effect. • A relative said staff went the extra mile and said, "In recent years, the staff have introduced my [relative] to numerous new experiences including cycling, music and voluntary work. They have also been pro-active in organising stimulating trips". A member of staff said, "I love the fact that the guys are always active and never sat there doing nothing. You go home feeling like you've made a difference".

- The service took a key role in the local community. For example, opportunities for voluntary work were pursued. One person was working at a local charity shop and another person helped at the local church. This meant that people were supported to contribute to the local community as a result.

Improving care quality in response to complaints or concerns:

- There were systems in place to respond to any concerns or complaints. However, none had been received by the service. A relative told us they would feel confident that if they complained, the matter would be taken seriously, and dealt with thoroughly. They commented, "No never made a complaint - I have never had to". With the small size of the service and the management operating an open-door policy any concerns brought to their attention were being promptly addressed without the need to be escalated.

End of life care and support:

- No people received end of life support at the service. However, people were supported with the bereavement process when needed. We saw evidence that the team was particularly skilled at helping people to prepare for the loss of a loved person and how this would impact both on themselves, and family members. We heard that this had been particularly comforting to a person whose relative lived at the service. They knew that their relative would be well supported when the time came that they would no longer be around. Preparation and support was provided in sensitive and thoughtful ways both before and after the person had died.

- We saw records where relatives had been reassured that their loved ones could remain at the service at the end of their life where possible.

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.

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The service leadership, management and governance assured high-quality, person-centred care and support. People's relatives consistently told us that people were at the heart of the service. For example, a person's relative said, "The [team leader] does a beautiful job. I believe the permanent staff are committed and have my [relative's] best interests at heart. I feel very lucky to have the care for [person] that we do". We reported on exceptional outcomes in details in two above domains of this report. The excellent, dedicated, committed and determined management had made these outcomes possible.
- Staff shared the provider's vision of providing an excellent care that achieved exceptional outcomes for people. A member of staff said, "Our service's vision is for people to have the best quality of life and to push them as much as possible. Ensure options are explored so they can pick up a skill and enhance their quality of life and support".
- The provider and all staff understood and implemented Registering the Right Support guidance. The principles of Registering the Right Support recommend small services (usually supporting six people or less). The service model and ethos of 4 Pages Orchard reflected these and other principles. For example, people were part of their community doing voluntary jobs, taking part in community events and using community resources. The provider promoted the principles of choice and enabled people to achieve their aspirations and live their lives as every other citizen does.

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

- The service's management structure included a registered manager, assistant manager, team leader and care staff who were clear about their roles. Our findings in this report evidence they led a high-quality service, effectively evaluating the performance and any risks in the service.
- Staff felt well supported and were positive about the management. One commented, "Very supportive and if I need help with anything can go to team leader".
- Staff were encouraged to continue learning to improve care. A member of staff said, "We set goals on our personal development review. One of my goals was to become more confident about updating care plans. The team leader has encouraged me and I have now finished [qualification]. I learnt a lot and did a presentation on autism".
- Monthly internal quality assurance checks took place in all areas of the service including health and safety and infection control. Audits were reported at a senior management level and discussed at regional and

local governance meetings and shared at staff integrated governance meetings. This ensured good practice and lessons learnt were shared Trust wide.

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

- Staff had been trained in equality and diversity considering age and disability as protected characteristics. We observed staff demonstrated an open and non-discriminatory approach.
- The management in the service had completed a self-assessment tool developed by the Learning Disabilities Health Charter for social care providers. This was developed to assess and develop action plans to ensure people's rights to health treatment were observed. For example, understanding and applying the principles of the MCA and providing training to staff on basic health and wellbeing issues including pain recognition.
- Staff were engaged in developing the service with regular staff meetings held to address concerns, share good practice and discuss lessons learnt. This meant their views were valued and seen as important.
- People's views were constantly sought on all areas of their care and support. Weekly meetings were held and we saw that issues were discussed such as what they wanted to do, what they could be involved in and any changes they wanted. Where required people had been consulted on an individual basis.
- Relatives praised excellent communication with the service. They told us they were kept updated and comments included, "We have regular meetings with the senior staff, both formally at review and informally during visits and via email" and "I have excellent communication with the staff".

Working in partnership with others:

- The service used a multi-disciplinary and collaborative approach working closely with the local community, health professionals and social workers to achieve positive outcomes for people.