

Brandley Limited

Orchid House

Inspection report

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Date of inspection visit:
05 January 2018

Date of publication:
30 January 2018

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

This inspection took place on 5 January 2018 and was announced. The provider was given at least 48 hours' notice as they are a small home for adults with learning disabilities who are often out during the day. We needed to be sure someone would be in. The service was last inspected in July 2015.

Orchid House is a residential care home for up to three adults with learning disabilities. At the time of our inspection two people were living in the home. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. 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.

At the last inspection in July 2015 we asked the provider to take action to make improvements to staff appraisal arrangements. This action had been completed.

People told us they felt safe living in the home. There were robust systems in place to safeguard people from abuse and risks to people had been appropriately identified and mitigated against. People were supported to take their medicines as prescribed. The home was clean and effective measures were in place to prevent and control infection. There were effective systems in place to ensure lessons were learnt if incidents occurred.

There were sufficient staff deployed to meet people's needs. Staff received the training and support they needed to perform their roles. The service worked with other organisations and healthcare services to ensure people's needs were met and they received effective care. People told us they chose their meals and there was clear information for staff to follow about people's dietary needs and preferences. The service worked within the principles of the Mental Capacity Act 2005 and there was clear guidance about how to support people to make meaningful choices.

People told us they liked the staff and we saw compassionate and caring interactions between staff and people who lived in the home. The home ensured people's religious beliefs, cultural background and sexuality were explored and supported in a sensitive way. People's independence was promoted by the service.

People's needs were assessed and care planned in a person-centred way which ensured people received the support they required to meet their needs. Care plans were reviewed regularly and were up to date. The provider had a robust complaints process and sought feedback from people about their experience of the

service. People had been supported to plan the care they wanted at the end of their lives. The service had recently supported people through a bereavement in a compassionate and sensitive way.

The provider had quality assurance systems in place that ensured the safety and quality of the service. People and staff were involved with the plans for the future of the home. The provider was linked to local networks to ensure they stayed up to date with best practice and local developments.

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. People felt safe in the home and were protected from the risk of harm by staff who were knowledgeable about safeguarding adults from abuse.

Risks faced by people had been identified and there were clear plans in place to mitigate risk.

There were sufficient numbers of suitable staff deployed to meet people's needs quickly and safely.

People were supported to take medicines. The systems in place ensured this was managed safely.

The home was clean and people were protected from ill health by the prevention and control of infection.

The home had systems in place to ensure lessons were learnt following incidents.

Is the service effective?

Good 

The service was effective. People's needs were assessed in line with best practice for adults with learning disabilities.

Staff received the training and support they needed to perform their roles.

People's dietary needs and preferences were clearly recorded and they were supported to eat and drink enough to maintain a balanced diet.

The service worked with other organisations and healthcare services to ensure people received effective care and support and had access to healthcare services when needed.

The home was accessible to people and had been adapted to meet their needs.

The home was working within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring. People had developed strong relationships with staff who treated them with kindness and compassion.

People's religious beliefs, cultural background and sexual identity were clearly captured and appropriate support was in place to ensure people were actively involved in making decisions about their care.

Care plans reflected people's strengths and promoted people's independence.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and their care plans were reviewed regularly to ensure they remained up to date.

People were asked to give feedback about the service regularly. There was a clear complaints policy in place.

People were supported in a kind and compassionate way at the end of their lives. People had been supported to plan their end of life care.

Is the service well-led?

Good ●

The service was well led. The provider carried out effective quality assurance and monitoring to ensure the safety and quality of the service.

People and staff were actively involved in planning for the future.

The provider worked in partnership with other local organisations.

Orchid House

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.

The inspection took place on 5 January 2018 and was announced. We gave the provider at least 48 hours' notice of the inspection because the service is a small home for adults with learning disabilities who are often out during the day. We needed to be sure people would be in during our visit.

The inspection was completed by one inspector.

Before the inspection, the provider completed a 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. We reviewed this information and other information we held about the service in the form of notifications they had submitted to us. Notifications are information about events providers are required to tell us about by law. We sought feedback from the local authority monitoring and commissioning team.

During the inspection we spoke with two people who lived in the home and three members of staff including the registered manager, nominated individual, and one support worker. We reviewed two care files and two staff files. We reviewed various policies, documents, meeting minutes and other records relevant to the management of the service.

Is the service safe?

Our findings

People told us they felt safe in their home. One person said, "They [staff] make me safe." Staff were knowledgeable about the different types of abuse people may be vulnerable to and were confident in how they would respond to any allegations. One support worker told us, "I'd report anything like that to my manager who would take action." Care plans identified where people had specific vulnerabilities to abuse and contained clear information about how to mitigate these risks. The provider had a clear policy regarding safeguarding adults from harm.

The home supported people to manage their finances. There were robust systems in place to ensure that people were protected from the risk of financial abuse. We checked the financial records and money held in the service and found the amounts of money matched and records were clear. This meant people were safeguarded from harm and abuse by the systems in place within the home.

Risks people faced were clearly identified through the care planning and review process. The information for staff about the steps they needed to take to mitigate risks were clear. There were measures in place regarding people's mobility, health, personal care, in-house and community activities. The risk assessments were reviewed regularly to ensure they remained suitable and were amended if people's needs and risks had changed.

The provider had not recruited any new staff since we last inspected in July 2015. The provider had clear systems in place to ensure recruitment practice was robust and ensured staff were suitable to work in a care setting. The staffing levels in the service were sufficient to ensure people's needs were met, with the registered manager and nominated individual providing additional support if more staff were required to support people, for example, if people had appointments or wanted to participate in a particular activity.

People were supported to take medicines by staff. We checked the records and found they were clear and showed people were supported to take their medicines as prescribed. Medicines were stored in an appropriate manner. This meant people were supported to take their medicines in a safe way.

The home was clean and well maintained. There was a clear cleaning schedule in place, and regular checks of the cleanliness of the service were carried out. Personal protective equipment was available for staff to use to prevent and control the risk of infection.

Records showed there had been no accidents or incidents since our last inspection in July 2015. The provider had systems in place to ensure that following any incidents occurring a review would take place and appropriate action would be taken to ensure any changes required were implemented.

Is the service effective?

Our findings

At the last inspection in July 2015 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff had not received appraisals of their work. At this inspection we found staff had received annual appraisals each year since our last inspection.

Staff received supervision every other month. Records showed this was used to discuss workload and the personal development of staff. Specific policies and areas of work were discussed to ensure that staff remained up to date with their knowledge.

Records showed staff received training in areas relevant to their roles. Staff had previously achieved recognised qualifications in health and social care but still continued to receive relevant refresher training in specific areas, including safeguarding, the Mental Capacity Act (2005) and end of life care. This meant staff had the knowledge and skills required to perform their roles. This was confirmed by people who lived in the home who told us, "The staff are good at their jobs."

No one new had moved into the home, so the provider had not completed any new needs assessments since our last inspection. However, they had re-assessed people's needs at least annually to ensure they were still receiving the support they needed to meet their needs. The assessments were person centred and included details of people's strengths as well as their needs. This meant people's needs were assessed in line with good practice guidance for adults with learning disabilities.

People told us they liked the food available at the home. One person said, "Dinner is tasty." We saw people were asked what they wanted to have for lunch and staff supported them to prepare this. Information in care plans was highly detailed about people's dietary needs and preferences with clear information about foods people liked and did not like.

The support people needed to prepare and eat their meals was clearly recorded. In addition, there was clear guidance to inform staff how to facilitate people making choices about their meals. Records showed people were supported to eat a varied diet that was in line with their stated preferences. This meant people were supported to eat and drink enough and to maintain a balanced diet.

Care plans contained clear information about the advice and guidance provided to the service from other organisations and professionals involved in people's care and support. For example, there was clear information regarding feedback from the falls clinic for one person. Where people's needs had changed there were clear records that the home had worked with other organisations to seek guidance and support to ensure people's needs were met.

People told us staff supported them with their healthcare needs. One person said, "They [staff] help me go to the doctor." Another person said, "When I'm poorly they [staff] make me better." Care files contained clear information about people's health and the impact it had on their lives. One person had epilepsy and there were clear guidelines in place to support staff to respond appropriately to seizures.

People had health action plans and health passports in their files and these were detailed and up to date. Health action plans and health passports are considered best practice in supporting adults with learning disabilities to access healthcare services as they ensure all healthcare related information is available in one place. Records showed people were supported to access healthcare services when they needed. Care plans were updated in response to advice from healthcare professionals. This meant people were supported to access and receive on going healthcare support as they needed.

The home was a residential property which had been adapted to ensure it was suitable to meet people's needs. One person had a bedroom downstairs as they were unable to mobilise upstairs safely. There was an effective maintenance system in place that ensured all the relevant health and safety checks had been carried out and the home was safe for people who lived there.

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 interest 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Where people lacked capacity to consent to their care and treatment appropriate applications for DoLS had been submitted and approved by the local authority. People had been appointed representatives to advocate on their behalf and records showed representatives visited people regularly to ensure their rights were being respected.

Care plans contained very detailed information about how people communicated and made choices. There was clear information to ensure that support workers understood what responses were likely to mean the person had not understood with clear communication strategies in place to facilitate people's understanding. The service was working within the principles of the MCA and ensuring people were supported to make all the decisions they were able to. People told us they made their own choices. One person said, "I make all the choices." Another person told us, "I choose my own clothes."

Is the service caring?

Our findings

People told us they liked the staff who supported them. One person said, "[Staff name] is my favourite. They are nice because they help me with my writing" Another person said, "I'm happy here." We saw staff interacted with people in a kind and positive manner.

Care plans contained detailed information about how people expressed their emotions and how to support them if they were upset. There was clear information about people's significant relationships and life stories so that staff could support them to remember and talk about their pasts.

Care plans reflected people's character and personalities and this ensured that people's views about how they liked to receive their care and be involved in their home was clearly recorded.

People's religious beliefs and cultural backgrounds were included in their care plan. There were details of how people liked to engage with their faith and the support they needed to maintain their cultural identity. Records showed people were supported to do this.

Care plans contained information about people's sexuality and how they expressed this. This had been sensitively explored with people and there was clear guidance to ensure staff supported people in a way that was kind and respectful of people's individuality.

Information about people's strengths and abilities was captured throughout their care plans and people's independence with completing tasks was encouraged. Care plans were clear about the difference between people needing support to complete a task independently and tasks where people were not motivated to complete them independently. There was clear guidance to support staff to motivate people to be as independent as they were able to be.

Is the service responsive?

Our findings

Care files contained highly personalised care plans which were clear about how to provide support to people in a person-centred way. Care plans were reviewed at least annually and were updated more frequently if people's needs changed.

Records showed people were supported to provide feedback about their view of living in the home through the review process. Care plans were formatted in a way that was accessible to people, with the use of pictures and images to facilitate their understanding.

People told us they were supported with activities of their choosing. One person said, "I go out to the shops." Another person told us, "I like to go for a walk." People had activities timetables within their care plans and records of care showed people were supported to take part in their activities as scheduled.

The home was in a residential area in east London, and people living in the home were part of the local community. The nominated individual described how people who lived and worked in the surrounding area knew the people who lived in the home and asked after their welfare if they hadn't seen them for a while.

The provider had a clear complaints policy with information about how to escalate concerns if people were not happy with the response. There was an easy to read version of the complaints process on display in the home so that people had clear information about how to raise concerns. The provider had not received any complaints since our last inspection. In order to ensure people were able to raise concerns, they were asked for feedback during regular house meetings. Records of these meetings showed people gave positive feedback about their experience of living in the home.

The home had recently experienced a bereavement as a person who had lived in the home had died after a period of ill-health. Records showed the home had supported this person to access appropriate palliative care services and had advocated for them to receive end of life care in a way that respected their preferences.

Records showed the provider had supported the other people who lived in the home to understand what was happening with their housemate in a kind, sensitive and appropriate manner. After the person had died, the nominated individual had met with people and staff to explain what had happened in way people could understand. People were being supported to remember their housemate and to process their bereavement.

Care files contained clear information about people's end of life wishes where they had been able to articulate and express them. People had been supported to explore their wishes for their funerals and funeral plans had been purchased and there were details of people's funeral plans including music to be played. This meant people were supported to plan for the end of their lives to have a comfortable and dignified death.

Is the service well-led?

Our findings

The provider was a small organisation that ran one location as a care home. The provider had recently taken the difficult decision that due to a combination of the wider social care environment and their own circumstances they would now plan to close Orchid House. The provider was in the process of explaining this and completing consultations with staff and people who lived in the home about the future. Records showed this was being explained to people in an accessible way so they could understand and express their views.

The provider recognised that this was a very difficult time for both people and staff at the home. Their approach in these discussions demonstrated the value placed on both the staff and the people they supported.

The registered manager and nominated individual completed a range of checks and audits to ensure the quality and safety of the service was maintained. These included all relevant building safety checks, such as gas safety, electrical installation, water safety and fire safety checks. Every six months the nominated individual completed a quality assurance review. This considered staffing issues, feedback from people, complaints, health and safety issues and a review of care plans and risk assessments in place. They included feedback from local authority contract monitoring visits. Any actions identified had been completed in a timely way.

The provider completed surveys with people and staff every six months. These showed both people and staff were positive about their experiences within the home. The provider had acknowledged that the surveys needed to be developed to elicit more detailed feedback from people who lived in the home.

Records showed there were regular staff meetings. These were used to talk about any issues for people living in the home and to ensure all staff were up to date with people's needs and care plans. In addition specific training sessions were discussed and planned during these meetings. Records showed staff were given the opportunity to suggest development ideas for the home and these were taken on board. This meant staff were involved in the development of the service.

People were also involved in the development of the service. This was shown through house meeting records. Record showed these meetings were facilitated using pictures and objects to ensure people were making meaningful choices and were able to understand the topics being discussed. People were involved in planning menus and activities and to explore what their wishes were for the future in these meetings.

The registered manager and nominated individual attended local forums and networks for social care providers. This ensured they remained up to date with best practice in the field and established relationships with other providers within the local area. The provider was using these networks to support people to plan the next stage of their lives and to choose where they would live after Orchid House closed. This demonstrated positive partnership working by the provider.