

Home Group Limited

# Amblers Orchard (Office)

## Inspection report

Westerton Walk  
Tingley  
Wakefield  
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Tel: 07990583871

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## Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Ambler's Orchard provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

Not everyone using the service received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service provided personal care to 19 people at the time of the inspection.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies in the service supported this practice. However, we found examples of inconsistent application of the policies. We saw people's mental capacity to make decisions was being considered, but this was not always recorded. This was an area the registered manager had already identified for improvement. We made a recommendation for the provider to review this area.

People told us they felt safe at the service. Relatives agreed their loved ones received safe care. Risk assessments were in place and showed what action had been taken to mitigate identified risks. Medication was managed safely. The provider followed safe recruitment procedures.

People were supported to access relevant healthcare services when they needed them, and they were supported to eat and drink well.

People were supported by staff that were caring, compassionate and respectful. People's independence was promoted, and their confidentiality was protected.

People received care that met their needs. People had opportunities to take part in activities and outings of their choice.

People and relatives shared positive feedback about the quality of care and the management of the service. There was an open culture within the service, where people, staff and healthcare professionals could approach the registered manager with any suggestions or concerns. There were systems in place to monitor and improve the quality of the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Rating at last inspection

This service was registered with us on 1 June 2021 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Amblers Orchard (Office)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care [and support] to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 6 December 2022 and ended on 13 December 2022. We visited the location's office/service on 6 December 2022.

### What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning team and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

### During the inspection

During the inspection, we spoke with 6 people using the service and 4 relatives of people using the service. We spoke with 5 staff members; this included care worker, team leader, registered manager and the operations manager.

We looked at care records for 3 people using the service including medicine administration records.

### After the inspection

We looked at training, recruitment and supervision records for staff. We also reviewed various policies and procedures and the quality assurance and monitoring systems of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medication was managed safely, and people received the medication they had been prescribed.
- There was inconsistency in the written records around people's 'as and when' required medicines. Staff were aware of how people communicated the need for any 'as and when' required medicines. We discussed this with the registered manager and they told us they would review this area of people's care.
- Staff's competency to administer medication had been assessed.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider completed relevant risk assessments to keep people safe. This included risk assessments for people's skin integrity, people at risk of getting lost and for people's mobility.
- Some risk assessments required further detail. For example, the moving and handling risk assessment and care plans of one person did not always detail the specific equipment requirements to help that person mobilise. In our conversations with the registered manager and information reviewed from a healthcare professional working with this person, assured us the person was being supported safely. The registered manager told us they would update the documentation immediately.
- Equipment used by staff to move people was safe for people to use.
- Accidents and incidents happening at service were being regularly analysed by the registered manager and discussed with staff during team meetings; any patterns and trends were considered and acted upon.

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

- People told us they felt safe with the care they were receiving. People's comments included, "Definitely [safe], without a doubt. They [staff] care, and they look after me. I can always contact them whenever I need" and "The security of the building is really good." Relatives agreed their loved ones were safe; a relative told us, "My [relative] was anxious at first. They made [them] feel safe, they showed [them] around and talked about [their] interests and concerns."
- Systems were in place to protect people from abuse and avoidable harm. Staff understood what to look out for and who they should report any concerns to. We reviewed the provider's safeguarding log and noted they had taken appropriate actions to deal with any concerns and sought appropriate advice and support.

### Staffing and recruitment

- People told us they were supported by staff who knew them well and they felt there was enough staff to provide support. Comments included, "I can always push my button and they [staff] will quickly come up" and "There's always one person on duty."
- The service followed safe recruitment practices.

### Preventing and controlling infection

- People and relatives shared positive feedback about the level of cleanliness of the service.
- The provider was managing the risks of cross infection well.
- Staff had completed training in infection control prevention and told us they had access to personal protective equipment (PPE), including gloves and aprons.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People and relatives told us staff asked people consent before delivering care and respected people's choices. One person told us, "They always ask if I'm happy with the support."
- We found inconsistency in how documentation in relation assessment of people's mental capacity and best interest decisions were being completed. In our review of information and conversations with people, relatives, staff and the registered manager we were assured people were receiving care that was appropriate to their needs and in their best interests. The provider had already identified during their internal audits that this was an area that required improvement.

We recommend the provider reviews their application of the principles of the MCA and how consent to care is documented.

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

- People's needs were assessed before using of the service. Information and guidance to deliver effective care and treatment was included in people's care plans.
- We saw care and support was delivered in a non-discriminatory way and respected people's individual needs. People's needs in relation to the protected characteristics under the Equalities Act 2010, were

considered in the planning of their care.

Staff support: induction, training, skills and experience

- People told us staff were competent and attentive to their needs. People's comments included, "They know what they're doing." Relatives also told us staff were effective in their care. One relative said, "[Person] has dementia. They tell me what to expect and what they can do when it would get worse."
- New staff completed an induction which included training and shadowing experienced members of the team. Staff's knowledge was developed through an ongoing training development programme.
- Staff were supported by regular supervision where relevant aspects of staff's work were discussed.

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

- People were appropriately supported with their nutritional and hydrational intake.
- People shared positive feedback about the food and the mealtime experience. Comments included, "The carers provide me with meals I want like microwavable meals. I choose what I want to eat."
- People's dietary requirements and preferences were included in their care plans. Care notes described the support provided around people's nutrition and hydration and was consistent with their planned care.

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

- People and relatives told us staff had contacted other healthcare professionals or would do so if required. One person told us, "Yes, they [staff] have contacted my GP. They [staff] contact the people that I need." Relatives said, "They [staff] have made referrals to the district Nurse" and "Yes, they [staff] have done [referrals to healthcare professionals] when [person] had a chest infection and got a doctor in to see [them]."
- The records we looked at confirmed referrals had been made when necessary and the provider maintained regular contact with relevant services such as GPs, social workers and the occupational therapists.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's independence, choice and control was promoted. The registered manager explained us how the ethos of the service was centred around promoting people's independence and their reablement. They gave us examples of people requiring less support with their personal care after a few months of support at the service. One relative explained us how staff had been proactive in supporting a person to gain more skills. Their comments included, "I got an email to get [person] involved with a group that does woodwork. They arranged for a bus pass, to go out with a carer. They are supportive in the right way. [Person's] confidence has grown since."
- People told us they were treated with dignity and respect and their privacy was protected.
- People's records were kept secure and staff's conversations in communal areas were appropriate and people's private matters were discussed with respect for their privacy.

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

- All of the people we spoke with told us that staff were kind and caring. Comments included, "Staff are so supportive and friendly", "Staff are very helpful and attentive" and "The carers are friendly. I treat them as friends."
- Relatives also told us staff were kind to their loved ones. They told us, "They are compassionate and show empathy. All the staff are very accommodating. They sent [person] a card wishing [them] 'Get Well'. [Relative] enjoys staff's company. They are always interested and polite. They [staff] always offer if there is anything they can help with; "They [staff] are so lovely and friendly. The relief that I have since [person] is there is amazing" and "The main team is totally caring. They greet us like old friends. There's a warmth, security and support there. They [staff] will stop and chat with residents."
- We observed kind and helpful interactions between staff and people. For example, a person expressed they were unsure where their flat was and staff took the time to listen to them and guide me in the right way.
- Staff spoke to people respectfully and had a good rapport.

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

- People and relatives told us they were involved in decisions about the care delivered by the provider.
- People had the opportunity to take part in residents' meetings where they could give their views about relevant aspects of the service such as frequency of meetings and activities.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People and relatives told us they received person centred care and staff knew them well. One relative told us, "[Person] was anxious at first. They [staff] made [them] feel safe, they showed [them] around and talked about [their] interests and concerns." Another relative said, "They [staff] are always checking on [person]. I can now actually sleep. There's somebody there and calm [person] down. They[staff] tell me what's happened."
- People's care records were person-centred. These included personal information about people and relevant people involved in their care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was working within the Accessible Information Standard. Specific communication requirements were described in people's care plans and staff told us how they would follow these to effectively communicate with people.

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

- There was a regular and varied programme of activities to promote people's wellbeing and interaction. The service had also established links with the local community to promote meaningful activities for people. For example, digital inclusion training sessions were being developed weekly at the service with staff from the local authority.
- People were positive about the activities provision at the service. Relatives also shared positive feedback about this area. Their comments included, "There are craft rooms. They [service] do a once monthly fish and chips supper with staff, there is entertainment, there's live music with a singer coming in, there's 'chat and coffee', there was a trip out to Scarborough with a minibus" and " [Staff] work on [person's] reading. [Staff] have raised flower beds and [person] does [their] gardening. Lettuce was grown. Person said, 'I never feel alone'."

Improving care quality in response to complaints or concerns

- People and relatives told us if they had any concerns they would not hesitate to discuss them with care staff or management and were confident their concerns would be acted on.
- The provider had policies and procedures in place to manage complaints, concerns and compliments. We reviewed how this was being managed by the registered manager and found it to be appropriate.

#### End of life care and support

- The registered manager told us people living at the service did not require end of life care but they know who to contact if people's health needed deteriorated and staff would be provided additional training, if required.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People shared positive feedback about the quality of care they received and how the service was managed. One person said, "Yes, everything seems very good. Carers are organised and people are getting involved."
- Relatives also felt the service was well managed and shared positive feedback about the registered manager. Their comments included, "[Name of registered manager] is contactable via mobile. You can pop in and talk to her. She keeps us up to date."
- There was an open culture within the service. Staff told us the registered manager was supportive, that they could raise concerns with them and they were listened to.
- There were systems in place to assess and improve the quality of the service provided. These included audits on health and safety, medicines and care planning documents.

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

- The systems in place promoted effective communication. Residents' meetings and staff handover meetings and staff meetings supported this. Records we looked at showed staff meetings were being held regularly and relevant issues were discussed.
- Surveys had been completed by people, relatives and staff. Where actions were needed, these had been followed up. We saw several examples of compliments with positive comments such as, "Customer explained how happy she is at Amblers Orchard and how it has 'changed her life'. Customer thanked staff for going above and beyond while she has been unwell, making sure she is ok, calling GP surgery and making sure she has her medication" and "I would just like to thank everyone at Amblers Orchard for a wonderful night, it really made bonfire night feel like a special night."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff understood their roles and responsibilities and were well supported by the provider.
- The registered manager was receptive and open to the inspection process and to our suggestions.
- CQC sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful

information and accountability when things go wrong. The registered manager fulfilled their responsibilities in relation to this requirement.

#### Working in partnership with others

- The service worked in partnership and collaboration with a number of key organisations to support care provision and joined-up care. This included working effectively with health care professionals from multidisciplinary teams to make sure people had their health and social care needs met such as district nurses, social workers and occupational therapists.