

Orchard Vale Trust Limited

East Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

East Court is a residential care home providing personal care to up to 17 people. The service provides support to people with a learning disability and/or autistic people. At the time of our inspection there were 17 people using the service. The service was split into the 'Main House' which accommodated 12 people, the 'Garden House' which accommodated 4 people and 1 separate self-contained flat.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

The service design and model did not fully meet the principles of Right support, right care, right culture. This is because the service is larger than what is usually considered practicable to provide person-centred care and support. The service was registered with us prior to the Right support, right care, right culture guidance being implemented. However, the service was able to demonstrate they met these principles; people received person centred care and support.

People were supported by staff to pursue their interests. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

Some areas of people's medicines management needed to be improved. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take risks.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

We made a recommendation relating to the management of some medicines.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good. (Published 27 November 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

East Court

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience who made telephone calls to people's relatives. 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

East Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. East Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people and 7 relatives about the care and support provided. We spoke with 10 members of staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We received feedback from 3 health and social care professionals who visited the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed. Medicines were stored safely and securely.
- Some people had been prescribed additional medicines on an as required (PRN) basis. Whilst there were protocols in place for some of these medicines, they were not in place for all PRNs. We discussed this with the registered manager who started to create the additional PRN protocols during the inspection.
- Some entries on people's medicine records were handwritten. We found 2 examples where these had not been signed by staff or countersigned. Witnessing and countersigning these entries ensured accuracy when staff write medicine instructions.
- Some people received homely remedies alongside prescribed medicines. Homely remedies are medicines that can be bought over the counter without a prescription. These medicines were recorded when they were administered. We found the stock records of these medicines were not always completed clearly and one medicines stock was incorrect. We discussed this with the registered manager who implemented additional checks on the medicines to ensure the stock was accurate.
- People were involved in managing their medicines.
- Medicines were administered by staff who had been trained and assessed as competent to do so.
- People were supported to attend annual health checks which included a medicines review. People had been supported to reduce their medicines in line with STOMP guidance (Stopping over medication of people with a learning disability, autism, or both).

We recommend the provider reviews their medicines procedures to ensure they take into account current best practice guidance in the relation to the management of medicines.

Assessing risk, safety monitoring and management

- There were a range of risk assessments and checks in place relating to the safety of the environment. These included checks on the fire systems and equipment, water, gas and electric.
- Records demonstrated some of the hot water temperatures in people's bedroom sinks were higher than recommended in guidance. The registered manager confirmed thermostatic mixer valves would be fitted to these sinks, this would regulate the water temperatures to ensure they remained below 44 degrees. They also confirmed people were able to determine if the water was hot and they were not at risk from exposure to hot water.
- Fire drills and testing of the alarm system were undertaken. Personal Emergency Evacuation Plans (PEEPs) assessed the level of support people required in an emergency situation.
- Risks to people had been assessed and recorded. People had individual risk assessments. We reviewed examples of risk management in relation to health needs, the environment, activities and meal preparation.

There was guidance for staff on managing these risks. Risk assessments supported people's independence. Staff were aware of the risk assessments in place. One relative told us, "A lot of effort is made for [Name of person] to experience things."

- There was no restraint used in the service. Staff told us they knew people well and were able to determine when people were becoming anxious, which meant they usually were able to support people to avoid incidents. There were also minimal incidents within the service.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at East Court. Comments included, "I do feel safe. If I'm worried or frightened I can talk to staff" and, "Yes, I do feel safe here. If I'm worried about anything I can talk to [Name of registered manager] or [deputy manager]."

- Relatives told us their loved ones were safe. One relative told us, "We're pleased with them. [Name of person] is safe." Another relative commented, "Absolutely [Name of person] is safe."

- Staff said if they had any concerns about poor standards of care, they would not hesitate to report them. A staff member said, "If I had any concerns I would go to [Name of registered manager]. I could also go to [Name of nominated individual] they are approachable. I am also aware I could go to the local authority safeguarding team; we have the numbers. Things are well documented here and really thorough." Staff received safeguarding training.

- The service had reported safeguarding concerns to the local authority and the CQC as required.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

- People's capacity to consent to aspects of their care and support had been assessed and when people lacked capacity, best interest decisions had been made. Records showed who had been involved in the decision and how the decision had been reached.

Staffing and recruitment

- There were enough staff available to meet people's needs. Most people told us there were enough staff, comments included, "There are enough staff, they know me" and "Yes, its fine here." However, 1 person told us, "More staff so I can go out. We discussed this with the registered manager who told us they would look into this for this person."

- People's relatives told us there were familiar staff supporting their loved ones. One relative told us, "There are staff changes of course, but one of the good things is that many staff stay there a long time. Some staff are still there since [Name of person] came. There have been more staff changes recently, but I'm okay with that as there are still some of the same staff."

- Staff told us there were enough staff available to meet people's needs. One staff member told us, "Shifts are covered, staffing levels are safe." Staff confirmed regular agency staff were used where required.

- Staffing rotas were arranged to meet people's needs and preferences. There were additional

supernumerary staff on each shift available to cover if there were unexpected staff shortages.

- The service operated recruitment processes to check staff's suitability for the role. This included requesting references from previous employers and completing a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us people living at the service were involved in the recruitment process for new staff. One staff member said, "When I was interviewed for my post, the residents asked me questions."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service was facilitating visits in line with current government guidance.

Learning lessons when things go wrong

- There were systems in place to review and learn from any incidents.
- Although there were minimal incidents within the service, when incidents did occur these were recorded and reported. Incidents were reviewed by the registered manager and any learning was shared with the staff team. The provider also had oversight of any incidents.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to monitor and improve the quality and safety of care. Some improvements were required to ensure medicines were thoroughly audited. The provider's systems had not identified the concerns we raised regarding medicines. The registered manager confirmed that additional auditing checks were being implemented and the nominated individual told us the provider level audits would also include additional checks.
- The registered manager and provider had a range of quality assurance checks in place. Areas covered included health and safety, safeguarding and infection control.
- There was a clear management structure in place. Staff were clear about their roles and responsibilities.
- Statutory notifications were submitted as required. Statutory notifications are important because they inform us about notifiable events and help us to monitor the services we regulate.

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

- There was a person centred and positive culture in the service. Staff commented positively about the service, the teamwork, and the people they supported. One staff member told us, "We are a really good team, I really like working here." Another staff member told us, "It's a happy home, we all get on."
- People told us they liked the staff and the registered manager. One person told us, "I can talk to [Name of registered manager] if I have a problem."
- Relatives told us they were happy with the service provided. One relative told us, "The staff I think work well together and are marvellous." Another relative told us, "I've got full confidence in [Name of registered manager] because they know [Name of person] very well and we couldn't wish for better, they are very competent. We really have full confidence, as I say."
- Staff commented positively about the registered manager and the provider. One staff member told us, "[Name of registered manager] is really approachable, they are great, I have a lot of respect for them. They are very professional and work shifts." Another staff member told us, "[Name of registered manager] is absolutely approachable and easy to talk to. [Name of nominated individual] also has an open door policy."
- A visiting health professional told us, "I have found them to be compassionate and person centred."

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

- The registered manager was aware of their responsibility to act openly and honestly when things went

wrong. The registered manager demonstrated where they had acted upon their duty of candour.

- Staff knew they had to report concerns to the registered manager and were confident that these would be acted upon.

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

- There were systems in place to receive feedback from people and their relatives. People attended residents' meetings where items relevant to the running of the home and activities were discussed.
- People's relatives' felt engaged in the service and able to share their views. One relative told us, "They have a very good system with a monthly newsletter that gives you insight into what's happening that month. We go through it [the newsletter] and we think it's an exceptionally well run service. If it wasn't I'd say so."
- Staff meetings were held for staff to discuss any current concerns and share information. Staff felt listened to and able to share their views. One staff member told us, "Yes, we have staff meetings, and you can absolutely speak up. I do feel listened to."
- Handovers were also held for the staff team on duty each day to enable them to discuss day to day matters, receive updates and plan each day.

Continuous learning and improving care; Working in partnership with others

- There were systems in place to review and learn from any incidents.
- The registered manager kept themselves up to date with current practice and guidance through conferences, meetings, and networking. They also attended management team meetings with the provider. The registered manager told us they felt supported by the provider and senior management team.
- The service worked in partnership with other organisations to support care provision. For example, a range of professionals such as GPs, social workers, and a range of other professionals.