

Orchard Vale Trust Limited

St Chads House

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

About the service

St Chads House is a residential care home providing personal care to 4 people at the time of the inspection. The service supports autistic people and people with learning disabilities. The service can support up to 4 people.

Accommodation is laid out over 2 floors in a former domestic property. People have level access to a communal lounge, kitchen-diner and large garden. The registered manager's office is on the first floor.

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: People were supported to retain their independence including in relation to finances and medicines. Risk assessments provided guidance for staff about how to keep people safe, including when accessing the community.

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: People received person-centred support from staff who were kind and caring. Staff ensured people's dignity and privacy was respected. People were supported in line with the Equality Act 2010.

Right Culture: The provider and registered manager had oversight of care quality and safety in the service. Lessons were learned and measures were implemented to help prevent a recurrence. Staff were recruited safely and there were sufficient numbers of staff to meet people's needs.

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 01 June 2018). The service remains rated good.

Why we inspected

The inspection was prompted in part due to the length of time since our last inspection and due to the limited information we held about this service. A decision was made for us to inspect 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Chads House on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Chads House

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 undertaken by 1 Inspector. After the site visit, an Assistant Inspector sought feedback from relatives.

Service and service type

St Chads House 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. St Chads House 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 inspection

We reviewed information we had received about the service since the last 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 used all this information to plan our inspection.

During the inspection

We reviewed various records in relation to the running of the service, including checks, audits, care-plans and recruitment files. We undertook a visual inspection of the premises and met the 4 people living in the service. We spoke with 5 staff including the registered manager, deputy manager and care staff. We received feedback from 1 professional. After the site visit, we sought feedback from 3 relatives.

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.

Assessing risk, safety monitoring and management

- Risk assessments were in place with guidance for staff about how to keep people safe. Risk assessments we reviewed included guidance about how to support people when they exhibited behaviours that may challenge others and how to support people safely in the community.
- People were supported to manage their money with 'financial passports'. The process enabled people to manage their money as independently as possible. Staff supported this process with monthly balance checks to ensure no money was unaccounted for.
- The environment was adapted to ensure safety as people's needs changed. For example, when a person was at increased risk of falls, staff worked with professionals to install handrails and at the time of this inspection, were in the process of covering some radiators to prevent the risk of burns in the event the person fell.

Systems and processes to safeguard people from the risk of abuse

- Measures were in place to help protect people from abuse and avoidable harm. For example, staff received safeguarding training. Staff we spoke with were confident about identifying and reporting potential abuse. Comments from staff included, "I would report abuse straight away."
- Both the registered manager and provider retained oversight of safeguarding concerns. When required, they worked with the Local Authority Safeguarding team to review concerns.
- When asked, people told us they felt safe. Comments from people included, "I'm ok" and, "I never feel worried."

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. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. Rotas were planned well in advance and the registered manager ensured the same agency staff worked to ensure continuity of care. One person said, "Always staff to help me."
- Checks were in place to ensure unsuitable applicants were not employed to work in the service. This included checks with the Disclosure and Barring Service (DBS). DBS checks show an applicant's criminal history and whether not they are barred from working in care.
- Relatives spoke positively about staff. Comments from staff included, "I get feedback from the staff, [Person's name] phones and in between the girls [staff] phone up and say what he's doing. He has a lovely life there" and, "If there's anything we need to know we're In contact- they [staff] keep us updated. It's the best place [Person's name] ever been to; the staff are really good."

Using medicines safely

- Medicines were stored and managed safely. For example, protocols were in place for 'as required medicines' (PRN). Information included minimum intervals between doses and how staff would know if medicines had been effective. This helped to prevent medicines errors.
- 'Medicines Champions' supported staff to understand good practice and develop their skills. They also supported development in other areas, including supporting people's oral hygiene.
- People were supported to manage their medicines independently in a safe way. One person showed us their lockable medicine's safe and told us staff supported them to sign for medicines once they had taken them.

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.
- People were able to welcome visitors into the home and visited relatives away from the home, for example for long weekends away.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Each accident or incident was subject to root cause analysis and actions were taken to prevent a recurrence, such as staff training.

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.

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

- People told us they were treated well. Comments from people included, "The staff I like, they're friendly" and, "Staff are kind."
- Relatives told us people received person-centred care and good outcomes. Comments from relatives included, "He's happy all the girls [staff] love him" and, "[Person's name] considers that his real home; he's never been so relaxed. The staff and [person's name] have worked hard to get him where he is now."
- Staff told us they provided person-centred support and we observed person-centred interactions during our inspection. One staff member said, "They [people] have person-centred care. We are a small team so we can have a lot of conversations about people, where they are and what they need; it's an open culture here."
- Staff protected and promoted people's dignity and privacy. For example, staff knocked on people's doors prior to entering and we heard one staff member asking a person before adjusting their clothing to maintain the person's dignity.

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

- Members of the senior leadership team visited the service 8 weekly to undertake checks and audits of care safety and quality. Any shortfalls, errors or omissions were rectified.
- Statutory notifications were submitted in line with regulations. Statutory notifications are important because they help us to monitor services we regulate.
- Staff told us they were part of a strong team that worked together and were supported by senior management. Comments from staff included, "You're supported by the higher management, they step in. For example, when [person's name] had a fall I had the paramedics on one call and the chief executive on the other phone. I asked them to come in" and, "We have a good bunch here: staff and management. I find it a happy place."

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

- The provider engaged with stakeholders to gain feedback and drive improvement. Most recently, the provider hosted an organisation-wide garden party with the aim of receiving feedback from individuals in a meaningful way. All feedback was collated and used to inform an improvement plan for the following 12 months.

- People's equality characteristics were documented and respected. For example, people visited a local Church weekly for a religious Sunday service.
- Information people needed to know was provided in accessible formats. Policies and processes were supplied to people in easy-read formats and when people used different ways to communicate, this was clearly documented with photographs to support staff understanding.

Continuous learning and improving care

- Areas in the environment required updating and decoration. The provider told us the Covid-19 pandemic had delayed ongoing maintenance. A 'schedule of works' was in place to be completed in 2023, including a newly fitted kitchen, re-decoration of communal areas and updating of bathrooms.
- All accidents and incidents were reviewed at provider level. Any lessons learned were shared across the organisation.

Working in partnership with others

- Records we reviewed showed the service had worked with the GP, physiotherapists and reablement team. One professional said, "The management team at St Chads have been great at communicating and keeping the necessary organisations informed of progress."

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 provider and registered manager were aware of their responsibilities to act openly, transparently and apologise if things went wrong.