

The Orchard Care Home Limited

The Orchard Care Home

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

We conducted an announced inspection at The Orchard Care Home on 14 December 2018. The Orchard Care Home provides accommodation and support, without nursing, to a maximum of six people with a learning disability and/or autism. On the day of our inspection six people were using the service. 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.

A registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 our last inspection on 1 December 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were supported by staff who understood the risks people could face and knew how to keep them safe. People were supported to minimise risk and promote their safety.

People were provided with their care and support when this was needed because there were enough staff to do so. People received the support they required to take their medicines at the time they needed these, although some improvements were needed in the records that were used for this. People were being protected from infection because safe practices were being followed.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. The policies and staff practices in the service supported this practice.

People were provided good nutritional support. Staff understood people's healthcare needs and provided support to people in maintaining people's health.

People were cared for and supported by staff who respected them and maintained their privacy and dignity. Where possible people were involved in planning their own care.

People received care that met their needs and they had activities they found meaningful. People were told in a way they understood how they could raise any complaints or concerns

People used a service that was responsive to their needs and views. They had confidence in the registered manager who was respected and supported by staff. There were some improvements needed to systems used to monitor the quality of the service and make improvements when needed.

Further information is in the 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? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service has deteriorated to Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service has deteriorated to requires improvement because auditing systems were ineffective at highlighting and resolving all areas for improvement.	Requires Improvement ●

The Orchard Care Home

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 checked 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.

This comprehensive inspection took place on 14 December 2018 and was announced. The provider was given one hour's notice because this is a small service and we wanted to ensure there was someone available to assist us with the inspection.

Before the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted other professionals who work with the service and asked them for their views. We used this information to help us to plan the inspection.

We reviewed information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was undertaken by one inspector. During the inspection, we spoke with four people who used the service, three relatives, four care staff, a health care professional and the registered manager.

We looked at the records for four people who used the service and other information related to the running of and measuring the quality of the service. This included quality assurance audits, training information for staff, staff rota, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People felt safe living at the service. One person who used the service told us, "Having staff here makes me feel safe." Another person spoke of staff "seeing if I am alright". Relatives also described their family members being safe living at the service. One relative said, "I feel they keep [Name] safe."

Staff demonstrated a good awareness of their roles and responsibilities regarding how to protect people from harm or abuse. They were able to describe the different types of abuse and harm people could face, and how these could occur. The registered manager was aware of their responsibility to report any concerns about people's safety to the local authority safeguarding team.

People who used the service were provided with support to promote their safety and minimise any risks. People described staff supporting them in a way that kept them safe. One person spoke about being able to go out into the local community safely because staff accompanied them. A relative told us that staff were always "taking [family member] out".

The registered manager described how they had made changes within the service to meet the changing needs of one person who used the service. This included moving their bedroom to make it more accessible, and involving healthcare professionals to support them with their mobility. Each person had a personal emergency evacuation plan (known as PEEP) to be followed if they had to be taken out of the service in an emergency, such as a fire.

People who used the service were supported by a sufficient number of staff who they knew well. We observed people were comfortable around staff on duty, who understood their needs and responded to these in an appropriate and timely way. One person told us about staff accompanying them out of the home so they were able to follow their interests. A relative told us how their loved one was "always going out" because staff were available to take them. Staff told us there were always the number of staff needed on duty because if anyone was unable to attend work other members of the staff team would always cover the shift. The registered manager told us that they increased the number of staff on duty when they needed to so that people could follow their interests outside of the home.

People were supported to take their medicines when they needed to take these. Relatives told us their family members received the support they needed to have their medication as prescribed. People were only administered their medicines by staff who had been trained to do so and had passed an assessment of their competency. We saw records confirming this. There were suitable arrangements for the storage of medicines although we identified some improvements were needed with the record keeping and auditing processes. The registered manager confirmed to us after our visit that these improvements had been made.

People lived at a service that was clean and staff followed good hygiene practices. One person told us, "We keep our rooms clean." Relatives told us they were happy with the cleanliness of the service and we found everywhere to be clean during a tour of the premises. Staff confirmed that they used protective clothing (PPE) when needed and this was always available. We found the room used to undertake people's laundry

did not have a suitable floor that could be easily cleaned. The registered manager brought this to the attention of the provider, who said this would be replaced with a suitable floor covering that could be kept clean.

The registered manager was keen to make improvements to the service. This included learning from events that took place involving people who used the service and staff. For example some alterations were being undertaken in a room on the ground floor. During our tour of the building we found the door had been left unlocked and there were some tools left in this room, which could have posed a risk to people who used the service. The registered manager said they had not completed a risk assessment for this work to be carried out. They told us they now realised how this risk would have been prevented if there had been a risk assessment completed in advance and that they would ensure this was done in future when work was being carried out in the service.

Is the service effective?

Our findings

People's care needs were assessed to ensure these were addressed in a way that was suitable for the person according to their individual characteristics, including any that are protected under the Equality Act 2010. An example of this was arranging for some healthcare information to be provided in an easy read format so they could support and prepare the person for the medical attention they needed.

Staff worked with people to give them the support they needed to make decisions on their care and were aware the characteristics of the Equality Act. This is legislation designed to protect people's rights and promote equality of opportunity. Staff spoke about people in a positive and inclusive manner and said they would not tolerate any form of discrimination.

People who used the service were supported by staff who received the training and support needed to meet their needs. One person spoke about how staff helped them in the way they wanted. A relative told us staff, "know what to do" when assisting their family member. A new staff member told us they had informative induction training when they started work. Other staff said they received the training and supervision they needed for their role. The registered manager provided us with a copy of the training matrix which showed staff received regular training. However, some training that would be beneficial, such as autism awareness, understanding mental health and equality and diversity had not been provided for some time and was not scheduled to be provided. The registered manager spoke of providing staff with any additional support or guidance when needed, which staff confirmed to be the case.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found people were making decisions about their care and how this was provided. There was Information about when and how to provide people with information to best enable them to make decisions for themselves in their care files.

The registered manager said they had not made any DoLS applications but had discussed with a member of the DoLS team whether the people who used the service were being deprived of their liberty. This was

because people were under constant supervision when they left the building. The registered manager told us the view of the DoLS team was that staff were assisting people to be a part of the community and therefore a DoLS was not required at this time.

People were provided with meals, snacks and drinks they enjoyed and had a healthy diet. People told us they had enough to eat. One person said their favourite meal was "shepherds pie" and another person told us theirs was "jacket potato with chilli." Both people said these meals had been provided recently. Relatives told us they felt their relations had a good diet and had sufficient to eat and drink. A relative told us their family member's weight was monitored and that "their weight is stable". Another relative said, "They get good food and it's healthy."

Staff described how people chose a menu each week in a weekly meeting and everyone was able to choose a meal they liked. The registered manager said they encouraged people to have a healthy diet and that they used fresh seasonal ingredients. They also said they followed healthy cooking practices such as baking food rather than frying it.

People's health needs were known and they received the healthcare support they needed. One person told us that if they were not feeling well they "tell staff and they help me". Another person said they recently had, "My eyes tested at the opticians." A relative said their family member's "Health needs are looked after. They go to the doctors and dentist etc." Staff told us they felt they had the knowledge they needed about people's health care needs and they accompanied people to healthcare appointments.

The registered manager said they involved families in people's health needs and worked closely with healthcare professionals. A healthcare professional described the service as "absolutely brilliant" and said they found staff providing the right support when they visited.

We found the provider made additions and changes to the premises when these were identified, to develop and improve the service as well as respond to people's changing needs. The registered manager described how they were responding to the change in one person's needs. This included making physical changes within the building so the person's personal care needs could be met. Additionally, the provider had relocated the office to enable an additional ground floor bedroom to be created.

Is the service caring?

Our findings

We were told by people who used the service and relatives that they found staff to be kind and caring. One person said, "Staff help us well" and a relative told us their family member was "100% happy" living at the service. The relative added, "It couldn't be any better." Another relative said that "nothing was too much trouble" for the staff to help people.

Staff spoke with pride and enthusiasm about working at the service and supporting the people who lived there. One staff member told us, "I love my job, I smile every day. I love coming into work." The registered manager described the staff team as "very caring". This was borne out in our observations on how staff spoke and supported people during our visit. There were documents entitled 'All about me' in people's care files which had useful information about each person to help staff know and understand them.

People were able to influence their care and how this was provided. One person told us about suggestions and requests they had made of things they would like to do, which staff had arranged for them. This included going to a concert to see a tribute artist of a musician they liked. We saw people were spending their time during our visit in the way they chose. A relative told us that staff, "Listen to my and [family member]'s views." Another relative said their family member, "Gets what they want."

Staff told us how they involved people in their care and making decisions by keeping them informed in a way that they understood. One staff member said, "It is their right to know what is happening so they can say what they think." The registered manager said people, "Control everything they can about their care." They said this included their lifestyle and what they did and when they did it.

The registered manager told us that everyone who used the service had at least one relative who would speak up on their behalf. They said they were currently considering involving some additional support for one person by involving an advocate. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People were supported in a caring and sensitive way. We saw staff showing respect to people in the way they spoke with them and by respecting their privacy and personal space. This included asking people for their views and knocking on bedroom doors before entering. During our tour of the building the registered manager only took us into the bedrooms of people who had given consent for us to enter.

Relatives told us their relation's privacy and dignity was respected. One relative said, "It's that sort of setting. Being (a) small (service) they are treated individually." Relatives believed their family members were encouraged to be as independent as they were able to be. One relative told us their family member was "encouraged" to be as independent as possible. Staff told us how they supported people with being independent. One staff member said they, "Don't do things for them (people who used the service) but do things with them."

Is the service responsive?

Our findings

Each person who used the service was provided with personalised care that was tailored to their individual needs. One person told us, "I am helped" and other people told us about some of the trips and activities they had been on. A relative told us, "We discuss the care plan and have a review two or three times a year." Another relative said they were encouraged to come and talk about their family member. Staff told us care plans helped their understanding of people's needs and how these should be met.

During our discussion with staff they demonstrated a good knowledge of people's needs and how these should be met. Staff described people as having "an active life" and said people were able to follow their interests when they wanted, and there was usually something happening every day.

When we reviewed people's care plans we found these contained information about their needs and how these should be met. However, at times these could have been more detailed. For example, it was stated in one person's plan that they needed assistance to move around the home, but it did not state what this assistance was. The registered manager was rewriting people's care plans into a new format and agreed to ensure these contained greater detail about people's needs.

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. The registered manager had arranged for one person to have some information in an easy read format about healthcare treatment. Records provided information about people's method of communication. There were references in some people's care records to them having used sign language when they moved into the service.

People were able to express any concerns or complaints about the service they received. A person who used the service told us they "could tell [registered manager] or staff" if something was not right for them. Relatives told us that although they had not needed to raise any concern or complaint they were confident these would be suitably addressed if they did. One relative said, "I have never had a complaint but I know it would be well received if I did."

The service has provided a long-term home for the same group of people for many years and to date had not provided any end of life care and support. The registered manager told us that people's views and wishes about end of life care had been obtained. We saw end of life care plans in people's care files. Some staff had received training in providing end of life care in preparation for the future.

Is the service well-led?

Our findings

There were systems in place to monitor the service, however these were not effective. During this inspection we found audits had not identified issues needing improvement. These included the auditing and record keeping of medicines. There were some monthly medicines audits that had not been completed as intended, and a lack of information about when some medicines should be administered.

The environmental auditing system was general and not specific to this service. It did not allow for details of any issues found to be recorded in the audit or how the issues should be addressed. We spoke with one staff member who had completed an environmental audit and they had not fully understood the purpose of the audit. This meant that issues were not being identified and addressed as intended. The infection control audit had not identified that the flooring in the laundry area was not suitable to be used where laundry was being done.

Following the inspection the registered manager informed us that they had discussed our findings with the provider and they were arranging to make the audits more appropriate to the environment. They were also incorporating more stringent checks and including space on the audit form to evidence concerns as well as record action for concerns found.

People who used the service said they were happy living there and did not want to change anything. Relatives described the service as being well run in the best interests of the people who used it. One relative told us the service was "absolutely excellent" and they would not like their family member to be anywhere else. Another relative said, "I am happy with everything."

Staff spoke of being able to express their views in staff meetings and in general discussions. They said they felt they were listened to and felt valued. Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner. This is known as whistleblowing and all registered services are required to have a whistleblowing policy.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. The registered manager told us they felt well supported by the provider and said, "If we need something we get it." We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. We had been notified of events service the provider was required to notify us about. Providers are legally required to display the inspection rating awarded, we give them in the service and this was being done.

The registered manager was approachable and well thought of by everyone. A relative told us the registered manager was, "Approachable, staff have only got to ring her and she is here." Other relatives spoke of being able to contact the registered manager and having positive discussions with her.