

Winslow Court Limited Orchard End

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?

Good 

Overall summary

This inspection took place on 30 December 2015 and was announced.

Orchard End provides accommodation and support for up to six people with learning difficulties. Six people were using the service when we inspected.

There is a registered manager in post who was present throughout the inspection. 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.

People were protected from harm and abuse by staff who knew how to recognise and respond appropriately to concerns. Staff knew how to support people safely and risks associated with people's care had been assessed to minimise harm. Staff did not start work until checks had been made to make sure they were suitable to support people and keep them safe.

Summary of findings

People and those that mattered to them were involved in planning their own care. Staff were provided with up to date information and understood how to support people. People were supported by staff who were caring and compassionate and who treated people with dignity and respect. Staff encouraged people to be as independent as they could.

People were supported to make their own choices and decisions about their care and support. The provider encouraged people to raise any issues and people were confident that action would be taken by the registered manager.

Staff received induction and ongoing training in order for them to provide care. Staff were supported by the registered manager and received regular feedback on performance. The registered manager had systems in place to fully involve people and the staff team in the running of the home. The registered manager was approachable and accessible to people and staff.

People were aware of who the management were and felt they were approachable. People's views were sought about the quality of the service and people felt their opinions were valued. Regular checks were carried out to monitor and improve the service people received.

Summary of findings

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 was safe.

People were kept safe by staff who recognised signs of potential abuse and who knew what action to take to protect them. Staff were recruited in a way that offered protection to people using the service. People were supported to safely take their medicines by staff. Risks associated with people's care were assessed and measures taken to reduce the likelihood of harm.

Good



Is the service effective?

The service was effective.

People were supported by staff who understood their needs and their human rights in relation to their care. Staff were appropriately trained and supported by the management team. People were involved in decisions which affected them and their support. People had access to healthcare professionals to keep them well.

Good



Is the service caring?

The service was caring.

People were supported with kindness and compassion. People's privacy and dignity was respected by the staff. People were involved in making decisions about their care and support.

Good



Is the service responsive?

The service was responsive.

People were involved in planning and reviewing their care. The registered manager and staff knew individuals they supported and the care they needed. People knew how to make their views known and felt that they were listened to by the staff and provider.

Good



Is the service well-led?

The service was well led.

People and their relatives were aware of the management structure and had a say in how the home was run. The registered manager regularly encouraged feedback from people receiving support. The registered manager promoted an open culture amongst people receiving support, staff and relatives.

Good



Orchard End

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.

This inspection took place on 30 December and was announced. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in. The inspection consisted of two inspectors.

Before the inspection we reviewed the information we held about the service and the provider. This included statutory

notifications received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch to share any information they had about the care provided by the provider. We used this information to help plan our inspection.

During our inspection we spoke with one person who used the service. We spoke with this person with the assistance of a staff member who knew the person's individualised communication techniques. We spoke with the registered manager, three support workers, five relatives and one advocate.

We looked at the care and support plans of three people, medication records, incident and accidents records, training records and quality monitoring checks. We saw the recruitment records for two staff members, minutes of staff meetings and protected learning meetings.

Is the service safe?

Our findings

People felt safe living at Orchard End. One relative said, “My [relative] is completely safe and well cared for”. Another told us, “I have full trust that [relative] is safe”. The registered manager and care staff told us that they had received training. They showed us they had a good understanding of the different types of risk and abuse and what action they would take if they had a concern. Staff had access to information on how to raise a concern within and outside of the organisation. The registered manager had made appropriate notifications when concerns were raised. People were safe as the provider had appropriate systems in place to identify potential abuse and respond appropriately.

Risks to people’s safety and wellbeing had been assessed and were monitored regularly. Staff understood the risks associated with people’s care and understood how to keep people safe whilst ensuring they were not restricting them. One staff member told us, “I was aware of a concern and spoke to my manager about it. As a result changes were made to the risk assessments and support plans so that people were safer”. Another staff member said, “It’s about balancing risk against well-being. You have to allow people to take some risks in life but you support them to make it as safe as possible”. The registered manager had systems in place to report concerns and to seek advice from outside of the provider. For example, we saw the provider had sought advice from the local authority and medical professionals following a reported concern. Physical changes had been made to the property following the advice given. The registered manager had systems in place to monitor accidents and incidents and had passed on concerns when appropriate. The registered manager could contact the provider’s health and safety team for advice and guidance when needed. We saw records of advice given by the health and safety team and the action completed.

Safe recruitment and selection processes were in place. The registered manager described the appropriate checks

that would be undertaken before staff would start working with them. These included satisfactory Disclosure and Barring Service (DBS) checks. Written references were also obtained to ensure staff were safe to work with people. Staff we spoke with confirmed that appropriate checks and references had been gathered before they started their employment. One staff member told us, “I had to provide references and a DBS check before I could start work”. We saw records where appropriate checks had been completed.

People had their needs met by sufficient numbers of staff. One relative said, “There are enough staff at all times to keep [relative] well and active”. The register manager said that they base the staffing levels on the needs of the people receiving support. If there is a change in need or a specific activity which requires additional staffing then this is provided. We saw the registered manager request additional resources from a funding authority as part of a review to develop a person’s activities. Staff told us there was sufficient staff to meet people’s needs and to complete leisure, vocational and educational activities.

We looked at how people were supported to take their medication. We saw people receiving their medicines in a safe way. One relative said, “I am always given the medication when [relative] visits. I am kept fully informed what the tablets are so I can talk to [relative] about them”. We saw people being asked if they wanted to take their medicines and being told what the medicine was. Staff told us they were trained in the safe administration of medication and assessed as competent before being allowed to complete this role. One staff member said, “I had to complete on-line training and then assessed as competent before I could assist with medication”. The registered manager told us staff were reassessed on a regular basis to ensure they were following safe practices and to prevent any errors from occurring. If errors did occur there were procedures in place to address poor or unsafe practice. We saw medicines were safely stored.

Is the service effective?

Our findings

We looked at how people were supported by staff. People were supported by a staff team who were knowledgeable and who had the skills to perform their role. One relative said, “All staff know what they are doing and are, in my opinion, well trained”. Another told us, “The staff work hard to ensure everyone is happy and motivated”. Staff told us they felt well supported by the provider and the registered manager. One staff member said, “I always use my one-to-one sessions to discuss my work, my training and what I want to do in the future. The registered manager accommodates any training that I have ever requested”. Staff felt they had access to a good range of training and felt confident in the tasks they performed. We saw regular one-on-one sessions were completed with staff. The registered manager told us they used these sessions to support staff in their role. They shared current and best practice and helped develop the knowledge of individual staff members. Staff felt able to seek support from the registered manager at any time. There was provision in place for staff to seek advice and guidance out of hours in an emergency. One staff member told us, “I needed advice one night and was able to talk to an on-call manager straight away, this is very reassuring”. Staff told us as part of their induction to employment they shadowed more experienced staff until they felt confident to perform their role. As part of this induction they were able to get to know the people they would be assisting and to increase their awareness of policies and procedures that guide their day to day work. This meant people received care from an effectively inducted and trained staff team who were well supported by the provider.

We saw staff ask people's permission before they supported them. Staff assisted people to make choices about their personal care, their activities and what they wanted to eat and drink. One staff member said, “You have to allow time for the person to understand what you have said and for them to respond. You should never rush someone to answer you”. Staff told us how they used individualised ways to communicate to people. We saw a number of different communication techniques used. These included, picture prompts, signs and speech.

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.

There were procedures in place to assess people's mental capacity and ability to make decisions. When someone lacked the capacity to make a specific decision there was a clear process in place to guide staff. We saw records of decisions made in people's best interest which involved a multi-disciplinary team to ensure the rights of the individual were respected.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. One DoLS authorisation was in place. We saw the registered manager had complied with the requirements and conditions in the DoLS authorisation. One person told us, “[Registered manager] was very proactive in ensuring the rights of the individual were upheld at all times”.

The provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general, and the specific requirements of the DoLS.

People's care plans included information to enable the staff to monitor their well-being. Where a person's mental or physical health needs had changed it was evident staff worked with other professionals including the person's GP or social worker. We saw records of a recent change in a person's well-being. The registered manager took steps to fully involve the GP to address any physical changes. We saw evidence of monitoring by staff and the subsequent improvement to the person's health. The registered manager told us they had excellent links with the GP's and Psychologist. Behavioural support was also provided where needed. We saw records of regular contact with outside medical professionals. People received appropriate and timely medical support when required.

We looked at how people were supported with their eating and drinking. One relative said, “They [staff] provide very good and healthy food. This is so that staff can see who is

Is the service effective?

eating and who is not. They encourage and offered alternatives if someone was not eating much". Another told us, "[Relative] loves their food, staff make sure they get what they want and like". Staff we spoke with knew individuals food preferences and encouraged healthy eating when needed. One staff member said, "We encourage people to make their own meals and to eat what they like but this does have to be balanced where possible. Healthy eating and outside exercise is encouraged to help maintain healthy weight". We saw

people had access to drinks and snacks including fruit at a time to suit them. When appropriate the registered manager had sought the advice of medical professional including the speech and language therapists. One relative said, "I was informed that staff were becoming worried about [relative's] weight and as a precaution had contacted a dietician for advice". The registered manager had systems in place to recognise and respond to people's changes in diet. People were supported to eat and drink sufficient amounts to maintain well-being.

Is the service caring?

Our findings

We saw that staff treated people with kindness and compassion and talked to people in a way that showed respect. A relative said, “Staff are very good and kind”. Another told us, “All staff are caring and respectful”. Staff talked about the people they supported with empathy, kindness and compassion. One staff member said, “It is the person who is at the centre of everything we do”. Another told us, “You have to have an open mind as you are always learning new things about people, it’s why we do the job”. Staff were knowledgeable about the people they supported. When spoken to staff were able to describe people’s likes and dislikes, their hobbies, interests and life histories. People were supported by staff who knew and respected them as individuals. A staff member said, “Everyone has the right to change their mind about wanting or liking something”.

People were involved in the planning of their care. One relative said, “I am fully informed of any changes. Staff talk to me all the time about [relative] and I always know if there is ever any change”. There was a key worker system in place where each person had a named staff member. Part of the keyworker’s role was to support people with decision making about their care and to involve them in any changes. We saw records where advocacy services were also involved to involve people with decision making about their support. The use of advocacy assisted in ensuring decisions were made in the best interests of people and their human rights maintained. People were actively encouraged to express their views about the care delivered along with any involved family member. When this was not possible support was in place to assist people with decision making.

We saw staff talking with people. Staff members used and developed a number of individualised ways to communicate. For example, staff used an adapted form of sign language to engage with people.

We saw staff knocking prior to entering people’s rooms. Staff told us that they respected privacy by ensuring that people had their own rooms and could shut the door whenever they wanted any personal space. One staff member told us, “You always prompt people to do as much as they can regarding their personal care. This helps them retain independence and dignity and you only help when needed”. Another staff member said, “When helping someone to eat you see what they can do and build on that. If you present food in a way someone can feed themselves then you don’t need to assist. This helps them keep their dignity and to feel good about themselves”. The registered manager said, “A dignity specific questionnaire for relatives was recently completed. Suggestions included a greater level of personal possessions in people’s own rooms. People could put what they wanted in their room we looked at personal decoration schemes which people picked themselves”. One person showed us their room which contained items personal to them.

Relatives were able to freely visit without any restrictions on time and felt welcomed. One relative said, “When I visit I am always asked to stay for something to eat”. The registered manager encouraged people to spend time with families and regularly arranged for people to return to their family’s homes and to stay if wanted. A relative told us, “[Relative] came home for Christmas and was very settled. They were happy to return as it is a home from home for them”.

Is the service responsive?

Our findings

People received care and support which was personalised to their individual needs and wants. Care and support plans were developed with the person, their families and anyone else involved in their support. One relative said, “Before [relative] moved in I was asked to help develop a life history. This was so people knew all about them and the little things that mattered to them wouldn’t be forgotten”. One person told us, “I have always been impressed with how people are always involved in conversations about them. Staff are very proactive in listening to the needs of the person and meeting those needs”. One relative said, “I have full confidence that my voice is heard during the reviews and that [relatives] interests are central to the discussions”. We saw records of regular reviews which involved the person, their family and any involved professional.

People were encouraged to be involved in their own personal hobbies and social activities. One person regularly attended work which helped maintain a social circle of friends and develop their personal skills. People took part in a recent bake sale where they cooked and sold cakes to raise money for charity. One person regularly attended a cycling club. An activities board was used for people to be involved in picking which activity they wish to attend and to help them plan their week. One staff member

told us, “We can do spontaneous activities whenever people want. Sometimes for the more structured activity, people need some time to get used to the idea before attending”. During our inspection we saw people actively involved in activities both inside and outside of their home. For example, we saw people helping with household tasks like cleaning and preparing lunch. Whilst others had gone out for lunch.

We looked at how people could raise any problems or complaints. One relative said, “Any problems and I can just pick up the phone and they will always get straight back to me”. People were confident their complaint or concerns would be taken seriously. Information on how to raise a complaint or a concern was available and displayed in an easy-to-read format. Relatives were provided with the information that they needed should they wish to raise a complaint. One relative told us, “I have a copy of the complaints procedure which Orchard End provided. I have never had reason to use it but have full confidence that anything I say would be taken seriously”. Staff told us how they would respond to a complaint if one was raised. One staff member said, “I would see if I could put things right straight away, record it and let my manager know”. We saw a record of complaints which included a full investigation and a response to the complainant. Every complaint and their replies were reviewed by the senior management team to ensure a full response was provided.

Is the service well-led?

Our findings

People were involved in running of the home and their views and opinions were valued. One person told us, “I have attended resident meetings. I was impressed with how people were included in discussions about the home and its plans for development. People were offered choice and could have an active input in how things were run”. The registered manager told us surveys were sent out regularly to relatives asking for their views on the support provided. We saw records of a recent generalised survey and also one specifically for dignity. As a result people had greater input into the home. The registered manager said, “We use the responses from people to help make changes and drive improvements”. We saw changes to the environment which were as a result of the survey responses. The provider promoted a positive and open culture where people were at the centre of the service that they provided.

Regular staff meetings took place enabling staff to contribute about the care and the running of the home. One staff member said, “These meetings give us the opportunity to talk about issues within the home and suggest areas for improvement”. The registered manager told us, “It’s important

that the staff team felt included in the running of the home and in the plans for development. This helps people have ownership over any changes and motivates individuals to contribute ideas”.

Staff received regular individual supervisions with the registered manager enabling them to discuss their performance and training needs. The registered manager used these meetings as an opportunity to develop the training opportunities for staff. For example, specialised training was arranged to address hearing loss. The registered manager told us this was arranged at the suggestion of staff to be aware and pro-active in case of any future needs of people. People benefited from a well led service which practiced and promoted an open and transparent culture

Staff had protected time on a regular basis to keep up to date with developments within the home and within the

organisation. One staff member said, “You can use this time to keep up to date with any changes. You can discuss best practice and any new training opportunities. You feel part of a wider organisation and not isolated as a staff team. It motivates you as you feel your views are valued”. Staff were given actions to complete as part of this time to look at personal development and also developments within the home. A staff member told us, “You have a say in how things are run and your input is respected”. Staff were aware of the whistleblowing process and knew how to report bad or abusive practice.

At the time of our inspection there was a registered manager in place. The registered manager clearly understood the requirements of their registration with the Care Quality Commission. All the staff we spoke with told us that they were well supported by the registered manager. One staff member said, “The registered manager is fully supportive of people and staff, They are very active in the home and not just sat in an office”.

We saw regular quality checks had been undertaken including care records, medication records and the physical environment. Where actions had been identified there was a clear plan with timescales allocated. In addition there were checks to assess the quality of the service provided in the home. These included a programme of checks undertaken to assess standards set by the provider. These were completed by the provider’s compliance manager. The meant people received a service from a provider who regularly ensured the standard of support was good. The registered manager told us they also use peer support to improve the quality of the support provided. We saw examples where a manager from another home had made recommendations which were actioned by the registered manager. The registered manager said, “As a response to a quality audit on the complaints process changes were made to provide an opportunity for the complainant to comment of the response. This helps to improve services provided and to ensure the person was happy with the action taken”. We saw records which evidenced the changes made.