Mrs Barbara Winifred Anne Bailey

The Orchard

Inspection report

20 Church Road
Wootton Bridge
Ryde
Isle of Wight
PO33 4PX

Tel: 01983884092

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The Orchard is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC http://crmlive/epublicsector_oui_enu/images/oui_icons/cqc-expand-icon.pngregulates both the premises and the care provided, and both were looked at during this inspection. This inspection took place on 28 September 2018.

The 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.

The Orchard is a small house registered to provide accommodation and personal care for up to two people. The premises are also the family home of the provider. One person with a learning disability was being accommodated, who had lived with the family for over 40 years. The home is a domestic house situated close to local facilities and shops.

The home was operated by a sole provider who employed no staff. We found they had not maintained an up to date knowledge and understanding of the requirements of the regulations. They had not addressed shortcomings in their training or ensured they were following best practice guidance in the support of people with a learning disability. We have made a recommendation about this.

The provider did not have a sound understanding of safeguarding procedures. They had not completed safeguarding training in recent years and had not established effective systems to protect people from the risk of abuse. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

Suitable arrangements were not in place to ensure the premises were safe to use. A suitable and sufficient fire safety risk assessment had not been completed and fire safety procedures were not robust. The electrical equipment and systems had not been checked since 2001. The provider had not completed food hygiene training to help ensure they prepared, stored and handled food safely.

Contingency arrangements had not been made to ensure the person would experience a smooth transition if they needed to transfer to another service.

However, the person's individual needs were being met in a highly personalised and caring way. The provider had sufficient time to meet the person's needs. The person's nutritional needs were met effectively and they were supported to access healthcare services.

The person's rights and freedom were protected. They were encouraged to be as independent as possible

and were involved in discussions about their care and support needs.

The person was supported to take part in a range of activities, including in the local community. They were encouraged to express their views and make choices about how they spent each day. Their privacy was protected at all times.

There was an appropriate complaints procedure in place. Medicines were managed safely and the provider knew how to access support if the person needed to receive end of life care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Suitable arrangements were not in place to ensure the premises were safe to use.

The provider did not have a sound understanding of safeguarding procedures.

Infection control arrangements were appropriate to prevent the spread of infection, although the provider had not completed food hygiene training.

Medicines were managed safely.

The provider had sufficient time to meet the person's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider had not maintained their training to ensure they followed up to date and best practice guidance.

Contingency arrangements had not been made to ensure the person would experience a smooth transition if they needed to transfer to another service.

The person's nutritional needs were met effectively. They were supported to access healthcare services.

The person's rights and freedom were protected.

Is the service caring?

Good

The service was caring.

We observed caring, positive interactions between the person and the provider.

The person was encouraged to be as independent as possible. They were involved in discussions about their care and support

needs.

The person's privacy was protected at all times.

Is the service responsive?

Good

The service was responsive.

Care and support were delivered in a personalised way that met the person's individual needs.

The person was encouraged to express their views and make choices about how they spent each day.

The person was supported to take part in a range of activities, including in the local community.

There was an appropriate complaints procedure in place.

The provider knew how to access support if the person needed to receive end of life care.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had not maintained an up to date knowledge and understanding of the requirements of the regulations. They had not addressed shortcomings in their training.

The provider had a clear set of values which they worked to on a daily basis.

The Orchard

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 28 September 2018. The provider was given short notice of our intention to undertake the inspection to ensure people we needed to speak with would be available. The inspection was conducted by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports.

We spoke with the person living at the home. We also spoke with the provider. We looked at the care plan and associated records for the person and records relating to the management of the service. We observed interactions between the provider and the person in communal areas of the home. We also received feedback from a social care professional.

At our last inspection, in December 2015, we identified no concerns.

Requires Improvement

Is the service safe?

Our findings

The person told us they felt safe at the home. We saw they were at ease in the company of, and communicating with, the provider. The person told us they could decide how to spend their money and showed us numerous personal items they had purchased. The provider described the systems used to support the person with their finances, which were appropriate and protected them from the risk of financial abuse.

However, the provider did not have a sound understanding of safeguarding procedures. Although they gave examples of how they protected the person from the risk of abuse, they could not recall when they last completed any safeguarding training. They were not clear about the type of incident that should be reported to safeguarding and did not know how to contact them. They were not aware of the latest safeguarding guidance and did not have access to the 'safeguarding toolkit' which supports providers to discharge their safeguarding responsibilities. They acknowledged they needed to refresh their knowledge and assured us they would do this as soon as possible.

The failure to establish and operate effective systems to protect people from the risk of abuse was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Suitable arrangements were not in place to deal with emergencies. Fire detection equipment was checked regularly and the provider had "talked through" the procedures with the person. However, a fire safety risk assessment, completed by the provider in 2008 was not suitable or sufficient to meet current standards. The fire safety procedures were not robust. The person showed us an upstairs window which they and the provider said they would use in an emergency; however, this was not a suitable fire exit as it led to a sloping roof that did not have a fire escape connected to it. The provider told us there was an emergency ladder that could be deployed out of another window, but his was kept in a loft space and was not readily available. We raised these concerns with the provider, who told us they would request a fire safety specialist to conduct a review of fire safety and complete a new fire safety risk assessment.

Gas equipment in the home was checked and serviced regularly. However, the electrical equipment and systems had not been checked since 2001; this posed a risk they might no longer be safe and fit for purpose. The provider told us they would rectify this as soon as possible.

The provider understood other risks to the person's health and well-being. These had been documented in risk assessments and included answering the door, helping with the cooking and accessing the community. The person had lived at the home for over 40 years and the provider knew how to manage the risks effectively without imposing any unnecessary restrictions on the person's life.

Infection control arrangements were appropriate for the size and type of service. The provider and the person jointly kept the service clean and there had been no outbreaks of infection. The person told us "[The provider] cleans the toilets. I clean my room." However, although the provider prepared all the person's meals, they had not completed training in food hygiene, so we could not be assured they followed safe and

appropriate techniques when preparing, storing and handling food.

Medicines were managed safely. The person was prescribed one regular medication which they looked after and took themselves. This had been risk assessed. The provider told us they "monitored" this and made sure repeat prescriptions were ordered well in advance. The person said that if they required pain relief then they would ask for a paracetamol which would be given.

The provider lived at the home with the person and told us they had sufficient time to meet the person's needs. The person said they were never left alone in the house and the provider was always available to support them. The provider had not needed to recruit staff, but told us they were considering recruiting a part-time staff member to provide resilience, so the person could continue to be supported if the provider was unavailable. They were aware of the necessary procedures and checks that had to be conducted to make sure potential staff were suitable to work with the person.

Requires Improvement

Is the service effective?

Our findings

The person told us the care and support they received was "good". They said they could perform most tasks themselves but sometimes needed help to check the shower wasn't too hot and with shaving. The provider had cared for the person since the person was a young child and were skilled in understanding and meeting all the person's needs.

The provider told us they had not completed any training since the last inspection and did not know where they could access any training. Although there was no evidence that this had impacted on the quality of care delivered to the person, it posed a risk that the provider might not be aware of the latest best practice guidance, for example in supporting people with learning disabilities. They had also not completed any equality, diversity or human rights (EDHR) training and were not able to demonstrate the relevance of EDHR principles to the way they delivered care and support. They told us they would explore the availability of a variety of courses with local training providers.

The provider had not developed links with other services or organisations that might be able to support the person if they had to move from The Orchard. The Orchard was operated by a sole provider who employed no staff. This meant there was a lack of resilience and posed a risk that the person might need to move to another care service in the near future, for example if the provider became unwell or were no longer able to support the person. The provider had not made any contingency arrangements to plan for this eventuality. This meant the person might not experience a timely, well-coordinated transfer if this occurred, resulting in a lack of continuity in their care and support needs. We discussed this with the provider, who agreed to explore options that might be suitable for the person.

The person's nutritional needs were met effectively. The person had open access to the kitchen and was able to make themselves drinks and snacks as they wished. They did not have any special dietary requirements and received a suitably nutritious diet of their choice. The person told us, "I like my food, but I have to make sure I chew it properly."

The provider followed the Mental Capacity Act, 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The person had capacity to make all day to day decisions, with appropriate support from the provider.

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 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. The person was not subject of DoLS and was able to come and go as they wished.

The person was supported to attend medical appointments and saw doctors, dentists, opticians and chiropodists regularly. For example, they had recently seen a dentist who complimented them for the way they looked after their teeth as they had never needed a filling.

The environment was supportive of the person who lived there. They had their own bedroom, which they had personalised to their own taste and enjoyed full use of all the communal areas of the home and the garden.

Good

Is the service caring?

Our findings

The person had lived as part of the provider's family for over 40 years and referred to the provider as "mum". They told us they were treated well and said they could "have a good talk" with the provider whenever they wished. The provider had a positive relationship with the person, who appeared relaxed and happy in their company.

We observed caring, positive interactions between the person and the provider. They showed an interest in the person and their life. The provider was aware of the person's friends and people who mattered to the person and encouraged them to maintain their friendships. For example, they were very close to a person they had grown up with; they went out with the person often and were also planning a holiday with them. They also met friends at a weekly club which they were supported to attend.

The person had control over how they spent their week. They told us about work they undertook at a local café and how they travelled to it independently. They also distributed a church magazine regularly to a small, local group of houses. These jobs gave the person a sense of purpose and promoted a positive self-image. The person was encouraged to be as independent as possible and told us that they enjoyed going to the local shop on their own to "buy the newspaper" each day. They were involved in planning the care and support they received and had signed their name on their care plan to confirm their agreement with it.

Items on display in the person's bedroom showed they had a wide range of interests, which were encouraged and promoted by the provider. The person told us they could spend as much time as they wished in their room and that it was a "private" place. They said they were also given full privacy in the bathroom, where they could shower independently.

Confidential information, such as care records, was kept securely so it could only be accessed by the provider.

Good

Is the service responsive?

Our findings

The person told us they were happy with the way they were supported and did not want to change anything. Care and support were planned to meet the person's individual needs. The provider had an extensive knowledge and understanding of the person's needs and how best to meet them. For example, they knew the person always liked to dress smartly and the person proudly showed us photographs of them dressed in a dinner jacket. The person was fully independent with most aspects of personal care. The provider said, "The main thing I do is help him with shaving as he sometimes needs to do it several times a day. I also do his [finger] nails."

Records were maintained of all relevant information relating to the person's care and treatment, and any significant medical events. These provided a comprehensive medical history, which helped ensure the person received appropriate care and support.

Discussions with the person and the provider showed the person was encouraged to express their views and choices and the provider took account of them. They told us they could choose when they got up, when they went to bed, what they wore and what they ate. They could also choose how they spent their day and the activities they took part in. These included work, family events and attending a local club. The person told us they enjoyed going to the club, and added, "I do darts, snooker and disco." They also enjoyed helping with tasks around the home, including preparing meals at weekends, hoovering the stairs and dusting their bedroom.

The person was included in an annual holiday as part of the family and showed us pictures of a cruise they had been on in the past year. The person told us they had chosen the decoration of their bedroom, which we saw was based around a TV programme they enjoyed. They had several collections of objects that were important to them and these were displayed in a way that helped them interact with them.

There was a complaints procedure in place, but the provider told us any issues raised were dealt with immediately as they arose.

The provider told us they had discussed end of life issues with the person, including when people close to them had died. As a younger adult, end of life planning was not a priority, but the provider was aware of healthcare professionals they could approach for advice and support if needed.

Requires Improvement

Is the service well-led?

Our findings

We saw there was a positive, relaxed, atmosphere at the home. The person was clearly very satisfied with the care and support they received from the provider and the way the service was run. They did not wish to move from the home and could not suggest any ways that the service could be improved.

The provider had informal systems to assess and monitor the quality of service. They were in day to day contact with the person they supported, which meant they were in a position to continuously monitor the quality of care provided. However, we found they had not maintained an up to date knowledge and understanding of the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they had read CQC's guidance documents "several times", but were unable to demonstrate an understanding of the regulations. For example, they were not familiar with the Duty of Candour requirements and had not heard of the Accessible Information Standard (AIS). AIS was introduced in 2016 and requires publicly-funded providers of services to people with disability-related communication needs to identify and meet those needs. The provider had not made any information available in a format that was accessible to the person they supported.

We recommend the provider seeks support from a reputable source to enhance their knowledge and enable them to demonstrate a full understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a clear set of values which they worked to on a daily basis. These included treating people with honesty, openness, dignity and respect. These had helped them build an open, trusting relationship with the person they supported. Interactions we observed between the provider and the person showed they were able to discuss anything in a friendly, informal manner. The views of the person were sought on a daily basis and they were listened to, for example in their choice of meals and activities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to establish and operate effective systems to protect people from the risk of abuse. Regulation 13(2)