

Mrs Barbara Winifred Anne Bailey

# The Orchard

## 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

We inspected The Orchard on 30 December 2015. The home is registered to provide accommodation for two people with learning disabilities. The premises are also the family home of the provider. One person was being accommodated, who had lived with the family for over 40 years.

The provider was an experienced social care professional. They delivered the majority of the care and support themselves, with occasional assistance from a trained family member. No additional staff were employed.

The person was at the heart of the service and treated as a member of the provider's family. There was a positive, supportive atmosphere at the home. The person was treated with kindness and compassion and we observed positive interactions between them and the provider. It was clear they knew each other well and the provider understood the person's needs.

The person felt safe. The provider had received appropriate training in order to support the person

# Summary of findings

effectively, including how to protect people from the risk of abuse. They met the person's needs effectively and followed legislation designed to protect the person's rights and freedom.

Risks to the person's health and well-being were assessed, monitored and managed appropriately. They were supported to attend medical appointments and to access healthcare specialists when needed.

The person received a suitably nutritious diet based on their needs and preferences. They were involved in planning the support they received. The person was supported to make choices about all aspects of their life and were free to come and go as they pleased.

The person managed their own medicines with occasional support from the provider. Suitable arrangements were in place to deal with emergencies.

Informal systems were used to assess and monitor the quality of service which were appropriate to the size and nature of the home.

# 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.

The person was protected from the risk of abuse. Risks to their health and well-being were managed effectively. The person managed their own medicines with appropriate support when required.

Most care and support was delivered by the provider directly, with support when required from a trained family member. This was sufficient to meet the person's needs.

Good



### Is the service effective?

The service was effective.

The provider was skilled in meeting the person's needs and had attended relevant training. The person's rights and freedom were protected.

The person's nutritional needs were met. The person was supported to attend health appointments as necessary.

Good



### Is the service caring?

The service was caring.

The person was treated with kindness and compassion. Their independence was promoted.

The provider protected the person's privacy and involved them in planning the support they received.

Good



### Is the service responsive?

The service was responsive.

The person received highly personalised care and support that met their individual needs.

The person was supported to make choices about how they lived their life. They were encouraged to maintain relationships with people that mattered to them.

Good



### Is the service well-led?

The service was well-led.

The provider had a clear set of values which they worked to on a daily basis. They had built a positive, trusting relationship with the person.

There was an informal but appropriate system in place to assess and monitor the quality of service. The provider was aware of their responsibilities to notify CQC of significant events.

Good



# 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 30 December 2015. 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, we reviewed information we held about the home 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.

At our last inspection, in January 2014, we identified no concerns.

# 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.

The provider was an experienced social care practitioner who knew how to identify, prevent and report abuse. They had received safeguarding training and acted as the safeguarding lead for a local charitable group. The home had all necessary policies and procedures related to safeguarding, including contact details for the local safeguarding authority.

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 or one member of the provider's family was always available to support them. The family member also worked for other care providers and was suitably trained in safeguarding adults. The provider had not needed to recruit staff and said they did not intend to. However, 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.

The provider understood the 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. For example, the person took a taxi to their place of work; they told us they were aware of the risks as the taxi had been involved in an accident recently, but chose to continue to use it.

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 occasionally had to "remind" the person to let the provider know when their medicine were running low, which they did. The person said that if they required pain relief then they would ask for a paracetamol which would be given.

Suitable arrangements were in place to deal with emergencies. The provider had completed first aid training. Appropriate arrangements were in place in the event of a fire. Fire detection equipment was checked regularly and the provider had "talked through" the procedures with the person. The person demonstrated that they knew what action they should take in the event of a fire and showed us the upstairs fire escape window which they said they would use in an emergency.

# 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 bath wasn’t too hot and with shaving. The provider had cared for the person since the person was a very young child and were skilled in understanding and meeting all the person’s needs.

The provider was aware of how to access training. They, and the family member who helped provide care and support, worked in adult social care and had completed relevant training. Due to the nature of the service provided, formal supervision and appraisal systems were not in place and were not needed.

The person had open access to the kitchen and was able to make themselves drinks and snacks as they wished. The person told us their favourite foods and said they “like mum’s food”. The person did not have any special dietary requirements and received a suitably nutritious diet of their choice.

The provider followed the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people’s

capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. In line with the code of practice, rather than make decisions on behalf of the person, the provider supported the person to make their own decisions. For example, the person told us they decided what to buy but that “[the provider] helps me with money”. Discussions with the provider showed that they were aware of people’s rights to make decisions and the right to refuse care or support.

The Care Quality Commission (CQC) monitors the operation of DoLS which applies to care homes. No-one at the home was subject to a DoLS, and the person was able to come and go as they pleased.

Records showed the person was supported to attend medical appointments and saw doctors, dentists and chiropodists regularly. For example, they had undergone investigations at the local hospital following joint pain they experienced recently. The provider told us how the person’s speech and understanding had recently improved following the provision of new hearing aids.

# Is the service caring?

## Our findings

The person had lived as part of the provider's family for over 40 years in a homely environment and referred to the provider as "mum". They told us they were treated well and said they could "talk to [the provider] about anything". 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 the friendships. The person was clearly viewed by the provider as a full member of their family.

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 using public

transport. This gave them a sense of responsibility 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 seen and agreed their care plan.

The person had their own bathroom and bedroom, which we saw was highly personalised. Items on display 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 "private". However, they also had free use of all other areas of the home.

Confidential information, such as care records, was kept securely so it could only be accessed by those authorised to view it.

# Is the service responsive?

## Our findings

The person told us they were happy with the care and support they received. They said, “It’s good”. They did not identify anything they would change about the home or way they were supported.

Care and support was 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 these. They were aware of events which could place the person at risk and the action they should take to avoid this. They also knew how to contact external professionals for advice, should the need arise. The person was fully independent with most aspects of personal care. The provider said, “I run the bath for him and check it’s not too hot, then leave him to it.”

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 make sure the person received safe and appropriate care and treatment.

Discussions with the person and the provider showed the person was encouraged to express their views 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 as they played “snooker, music and darts”. They also enjoyed helping with tasks around the home, including preparing meals, dusting and tidying their room.

The person was included in an annual overseas 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 that 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.

The person was encouraged to maintain relationships with people that mattered to them and they told us about activities they undertook with other people, including a planned trip to the theatre later that day.

Given the positive, open, relationship the provider had with the person, they did need or use formal complaints procedures to resolve concerns. Any issues raised were dealt with immediately as they arose. 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.



# Is the service well-led?

## Our findings

We saw that 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, monitor and improve the quality of service. They were in day to day contact with the person including providing direct support when required. They were therefore in a position to continuously monitor the quality of care provided. This also provided an opportunity to keep the person informed about anything relevant to the home. For example, the person told us about the way they had all coped when the

boiler broke and portable heaters had been supplied. The provider was aware of the quality of service provided to the person although formal auditing procedures and records were not in place or needed.

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. Interactions observed between the provider and the person showed they were able to discuss anything in a friendly, informal manner. The person was listened to and their views were valued.

The provider was aware of their responsibilities to notify CQC of significant events, such as safety incidents and complied with the requirements of their registration.