

Accomplish Group Limited

The Orchard

Inspection report

Malabar Fields
Daventry
Northamptonshire
NN11 4DP

Tel: 01327878802

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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 ●

Summary of findings

Overall summary

About the service

The Orchard is a residential care home providing accommodation and personal care for up to 6 people with a range of needs including dementia, learning disability, autistic spectrum disorder, mental health or physical disabilities. At the time of inspection 6 people were being supported by the service.

The Orchard is a family sized property in a residential area which looks similar to other houses on the street.

People's experience of using this service and what we found

People were supported by staff who knew them well, had sufficient training and who had been recruited safely.

Risk assessments and care plans were in place to cover people's holistic needs. Strategies and goals had been recorded to support people to meet their targets.

People received medicines as prescribed. Staff supported people to make and attend any health appointment required.

Staff understood safeguarding and how to recognise and report any concerns of abuse. People told us they felt safe.

Infection prevention and control systems were in place and protected people. Staff wore appropriate personal protective equipment (PPE) and cleaning schedules were completed.

People received person centred care from staff who understood equality and diversity and supported people with their individual needs.

People were involved in their care planning. People were supported to be as independent as possible and staff supported people to learn new skills.

Systems and processes were in place to ensure the registered manager had oversight of the service. Audits and spot checks were completed regularly.

People and staff felt supported by the registered manager and felt able to raise any concerns if necessary.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- People were supported to have choice, control and independence within their lives.

Right care:

- People were cared for safely. Care was person-centred and promoted people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of managers and care staff ensured people using services lead inclusive and empowered lives

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 21 February 2017)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Orchard

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 Care Act 2014.

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 completed by one inspector

Service and service type

The Orchard is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's risks had been assessed and care plans guided staff on how to mitigate the known risks. Records showed staff followed the care plans. However, one person's notes showed how staff used strategies to alleviate one person's anxieties, but this had not been reflected in their risk assessments. The registered manager agreed to review and update the relevant risk assessment.
- Environmental risks had been considered and mitigated. For example, staff took water temperatures to protect people from scalding and a fire risk assessment had been completed. However, for one person who smoked in their room a risk assessment had not been completed for other people living in the home regarding secondhand smoke risks. The registered manager agreed to complete this.
- People told us they were able to take risks and staff supported them to stay safe. Staff told us how they supported people to take calculated risks, such as going out socially or completing a task independently. We saw appropriate risk assessments in place with details on strategies to reduce risks.

Using medicines safely

- People received their prescribed medicines from staff that had received training in safe management of medicines.
- When people were administered 'as required' (PRN) medicine, staff had not always recorded the reason it had been given. If medicines were not administered a reason had not always been recorded. For example, sometimes staff documented the reason in the daily notes, other times it was recorded on the MAR. However, we found no concerns with the administration of medicines.
- One person's PRN protocol had not been updated when a change to the medicine dose had been made. However, staff were aware of the increase and had administered the medicine correctly.
- Medicines had been stored and disposed of properly.

Staffing and recruitment

- Safe recruitment practices were in place and the provider used references and the Disclosure and Barring service (DBS) to ensure no staff had any criminal convictions and were suitable to provide support for the people living at the service. However, interview questions were missing.
- The registered manager had a risk assessment in place to review and monitor staffing levels at the service. We found sufficient staffing levels were maintained.
- Staff and people told us they had enough staff on each shift to support people living at The Orchard. One staff member said, "We have three staff per shift, this is adequate to meet people's needs and to complete the tasks needed." A person told us, "There are always enough staff."

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place for staff to follow regarding any safeguarding concerns identified. Staff understood safeguarding, knew how to recognise signs of abuse and how to report any concerns.
- People told us they felt safe. One person said, "Staff make me feel safe here."
- Safeguarding incidents or concerns had been reported to external organisations in line with the multiagency safeguarding procedures.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Trends and patterns were reviewed monthly for individual people and lessons learnt shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's holistic needs were assessed prior to moving into the service. This ensured staff had the skills necessary to meet people's needs.
- The provider had up to date policies and procedures that reflected national best practice guidance and current legislation to guide staff practice. This included the underpinning principles and key policy developments of choice, control, independence and inclusion we expect learning disability services to follow. Care plans were based on people's individual needs, and promoted choice making, independence and community inclusion.
- Assessment of people's care needs included any protected characteristics under the Equality Act 2010, and these were considered in people's support plans. People's individual diverse needs were known and understood by staff.

Staff support: induction, training, skills and experience

- Staff told us, they received training appropriate to their roles. The training matrix evidenced all staff had received up to date training. One staff member said, "We have a lot of training which is good, and we can always ask for more if needed."
- New staff were inducted into the service before they completed any work alone. Staff received training and completed a shadow shift to ensure they understood the needs of the people they support. A staff member told us, "My induction was good, I got all the information I needed and time to read the care plans and understand strategies."
- The registered manager completed a skills matrix regularly, to ensure staff working with people had the skills to meet people's needs. A person told us, "Staff are brilliant, they are trained to understand us."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a healthy diet. Staff ensured that people had choice.
- Staff supported people to take part in cooking and menu planning.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People's health needs were met. Staff supported people to access the GP or other health professionals. A relative told us, "They [staff] support [name] to appointments and contact the [named professional] as needed, this helps [person] maintain their physical and emotional health."
- Care plans included any specialist advice or referrals required to keep people safe and healthy.
- People were supported and encouraged to access routine appointments such as to the dentist or

optician.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised and well presented. One person told us how they had decided to paint their room a different colour and move their television. Staff were supporting them with these changes.
- Communal spaces were accessible to people. One person told us, "The house is lovely."

Ensuring consent to care and treatment in line with law and guidance

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 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.

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.

- People were supported to make decisions. Staff ensured people were given information in a way they understood to ensure they had capacity to make decisions themselves.
- People had documented consent to share information recorded within their care file. When a person had stated they did not want staff to share information with their family, staff respected this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff respected people's choices and decisions. A person told us, "Staff ask me what I want to do, then they allow me get on and do it."
- People received person centred care. We saw people had pets and staff supported them to look after them properly. One person who was born in another country was supported to shop for foods from their home country and staff learnt some words in their home language.
- Staff knew people well and understood their individual needs. A staff member told us, "We all take the time to talk to people, this way we get to know them, and they get to know us."
- People and relatives told us they felt the staff were "kind, lovely, friendly and caring" and had "people's best interest at heart."
- Staff had completed training in equality and diversity and information of peoples protected characteristics were documented within care plans.

Supporting people to express their views and be involved in making decisions about their care

- Care plans evidenced that people were involved in their care planning and reviews. One person told us, "Staff have asked me about my support plan."
- People were supported to make choices and decisions about their life. We witnessed staff discussing options with a person and accepting the person choices.
- People had keyworker's who had been allocated based on shared views, interests or personalities. Keyworker meetings were held weekly to offer people the chance to raise any concerns to discuss what was going well and what needed improvement. [A keyworkers role, supported by the rest of the staff team, is to assist the person to maintain social, recreational, cultural and religious links through daily living activities inside and outside the home and advocate on behalf of the person]

Respecting and promoting people's privacy, dignity and independence

- People's care plans outlined how to support them with their own privacy and dignity. Staff knocked on doors before entering and if a person refused staff did not enter their room.
- People were supported to be independent. We saw examples of staff teaching people skills and giving them information on how to keep safe when accessing the community independently. One person told us, "I help in the kitchen, staff help but I can do some meals myself."
- Relatives told us how staff supported their loved one's independence. One relative said, "[Person] made a cup of tea themselves, I have not seen [person] do that in years."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred and included people's history, relationships, likes, dislikes, preferences and routines. People told us they were involved in the writing and updating of their care plans.
- Staff supported people as individuals and were flexible in their approach due to people's changing needs. A staff member told us, "We [Staff] all have different skills and personalities, we try to ensure personalities are matched with the people we support."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans were accessible to people in an easy read, pictorial or large print format.
- People's communication needs were documented, and staff supported people to understand information in a variety of ways that met their individual needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access their local community, gain employment or access education. One person told us, "I have two jobs. Staff support me as I need."
- People and their loved ones were supported to stay in contact during the COVID-19 pandemic.
- The registered manager was in the process of setting up and purchasing activities that could be accessed by anyone at The Orchard. For example, puzzles, books, art and crafts and board games.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people, staff and relatives knew how to complain.
- The registered manager told us they had not received any complaints. However, a person told us that they had made a complaint. They stated it had been actioned and a suitable outcome found. The manager was in the process of setting up a 'grumbles log' to evidence and action any issues that arise they may not require a formal complaint.

End of life care and support

- At the time of our inspection no-one in the service required any end of life support. However, should this be needed in future, the provider had appropriate policies and procedures to ensure people received the

care and support they needed at the end of their lives.

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We saw evidence of audits completed for a range of checks including care plans, medication administration charts, environment and health and safety. Some of the audits required additional checks to ensure all paperwork was kept up to date. The registered manager implemented this immediately.
- The registered manager was aware of their role and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported. Notifications were submitted in a timely manner.
- The registered manager completed spot checks to ensure staff were working within the providers policies and procedures and that people were being supported with dignity and respect.

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

- Individual packages of care were developed which respected people's specific and diverse needs.
- The staff and the management team had values that placed people at the centre and promoted their independence, enabling them to make choices about their lives as much as possible.
- People, relatives and staff all spoke highly of the registered manager. People told us they liked living at The Orchard. Staff told us they enjoyed working at The Orchard and relatives told us they had faith in the staff and registered manager.

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 registered manager was clear about their responsibility to be open and transparent in line with their duty of candour responsibility. We saw evidence of duty of candour and outcome of complaints letters being completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had systems in place to take account of people's opinions of the service. Surveys had been completed by people, staff and external professionals. Recent surveys showed people were very happy with their care, and staff were happy within their roles
- Staff received regular supervisions and annual appraisals.
- Team meeting were arranged regularly. Staff told us they were able to discuss any concerns, share

information and talk about improvements within these meetings.

- The registered manager had a number of quality assurance systems in place. Audits were in place which enabled the management team to monitor the service and drive improvements as required. Where improvements were identified actions were put in place to address any issues.

Working in partnership with others

- The registered manager ensured they collaborated with other stakeholders to ensure the best possible outcomes for people.