TTCC Limited

Orchard Court

Inspection report

3A Orchard Gardens
Thurmaston
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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 service on 12 January 2016 and the visit was unannounced.

Orchard Court provides accommodation for up to 20 adults. At the time of our inspection 17 people were using the service. The home specialises in supporting people with learning disabilities, autism and physical disabilities. The service is provided on the ground floor and has been separated into three areas, each with their own kitchenette, bedrooms and bathroom. The home has a large garden and is accessible for people to use.

It is a requirement that the home has a registered manager. 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. At the time of our inspection there was a registered manager in place.

People told us that they felt safe and staff knew how to report any concerns. The registered manager had

Summary of findings

considered risks to people and had put in place measures to reduce these wherever possible. For example, where someone had epilepsy, there were clear instructions for staff to follow. People's equipment and the premises were checked regularly to keep people safe.

The provider had a plan to keep people safe during emergencies. Accidents and incidents were being analysed to try to reduce them.

There were enough staff to meet the needs of people and to keep them safe. The provider had checked new staff to make sure that they were appropriate to work with adults with learning disabilities.

We saw that people received their medicines as prescribed. Medicines were only being handled by staff that were assessed as being competent to do so.

People received support from staff who had received regular training. For example, staff had received training in learning disability awareness and supporting people's behaviour that could challenge. Staff received on-going support from the registered manager.

Staff understood and knew their responsibilities in relation to the Mental Capacity Act and the Deprivation of Liberty Safeguards. People had been supported to make decisions for themselves and where they could not, the provider had followed the legislation.

There was food and drink available that people enjoyed. Where people were at risk of not having enough to eat and drink, there were plans in place to address this.

People had access to a range of healthcare professionals such as their GP and community nurses. We saw that people were supported to maintain good health.

People found the staff members to be caring. During our visit we saw people smiling and responding well to staff. People were being supported to be independent. For example, we saw that people were supported to do their own laundry.

People communicated in different ways and staff knew about these. We saw staff communicating with people using different techniques and styles.

Staff were aware of people's interests and life histories. We saw that people's bedrooms were personalised with things that mattered to them.

Where possible, staff were working to involve people in making their own choices. This was done in an individual way and staff understood how to support people with this

People were being treated with dignity and respect. Where staff were sharing information about people, this was done in a discreet and sensitive way. We saw that records relating to people's support were kept secure.

People received support based on their interests and preferences. Where people could not be part of the assessment of their own needs, relatives had contributed to reviews of their family members' support.

People were undertaking activities that they were interested in. For example, people were accessing the local shops.

People and relatives knew how to complain and the registered manager had resolved any concerns that had been raised.

Staff were supported by the registered manager. There were opportunities for staff members to offer suggestions for improvement to the support offered to people.

The provider had sought to gain the feedback of relatives about the quality of care offered to people. There were also regular audits to check that people received care and support that was of a high standard. The registered manager had put action plans in place where things needed to change.

Staff members and the registered manager were aware of their roles and responsibilities. Where necessary, the registered manager had notified the relevant authorities about important incidents.

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 told us that they felt safe and there were enough staff to maintain their safety.

Where people were at risk, there were plans in place for staff to follow.

Staff providing support to people had been checked before they started working at the home.

Good

Is the service effective?
The service was effective.

Staff received training including working with people with learning disabilities.

Staff were aware of their responsibilities of the Mental Capacity Act 2005. People consented to their care where they could. Where this was not possible, there were legal arrangements in place to do this on their behalf.

People had access to the food and drink that they liked. Where necessary, people's nutrition was being monitored.

Good

Is the service caring?
The service was caring.

Staff offered their support in a kind way that made people happy.

Staff knew what people liked and interested them.

People were supported to make choices for themselves where they could.

People's privacy and dignity was being maintained.

Good

Is the service responsive?
The service was responsive.

People received care based on their preferences and individual needs.

People undertook activities that they were interested in.

People knew how to make a complaint.

Good

Is the service well-led?
The service was well led.

There were processes in place for staff and relatives to give feedback to the provider.

The registered manager was aware of their role and responsibilities and carried these out.

Quality checks were in place to make sure that people received a high standard of care and support.

Good

Orchard Court

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.

The inspection took place on 12 January 2016 and was unannounced. There were three inspectors that undertook the inspection.

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 improvements they plan to make. We also reviewed information that we held about the service to inform and plan our inspection. This included statutory notifications that the provider had sent to us. A statutory notification is important information about events that the provider must send to us as required in law.

We spoke with one person who used the service and four relatives. We also spoke with the registered manager, the area manager and five care staff. Observations of people receiving support from staff were also undertaken.

We looked at the care records of three people who used the service and other documentation to see how the service was managed. This included a range of policies and procedures, quality checks that the registered manager had carried out and medicines management. We also viewed three staff files to check recruitment processes and the support staff had received.

Good

Is the service safe?

Our findings

People living at the home were safe. One person told us, "I am safe here". Relatives gave us examples of how their family members had been kept safe. One relative said, "They are very safe, I have no concerns. They know the dangers but they deal with them well". Another relative told us, "They know the risks, there are no problems". Staff told us how their working practices had supported people to keep safe. One staff member said, "We make sure we keep pathways clear for people with poor eyesight".

People were being supported by a staff team who knew their responsibilities when dealing with suspected or actual abuse. One staff member told us, "I would not hesitate to report any abuse to the management and I would check it was reported through to social services". Another staff member said, "Depending on the severity I would speak to the person or take it to a senior and then to the manager and up the ladder. I would make sure I wrote it all down". We saw that the provider had a policy and procedure on safeguarding adults from abuse. This contained information for staff on the different types of abuse and their duties to report any concerns. We found that the registered manager had received specialist training in this area so that they could offer regular training and guidance to staff in protecting adults from abuse.

Risks to people had been assessed. For example, we saw individual risk assessments linked to people's care needs in relation to areas such as moving and handling and accessing community facilities. Where a person had epilepsy, the risk assessment gave clear instructions on how to keep them safe when they experienced a seizure. Information had been regularly reviewed which meant that staff had up to date information on how to keep people safe. Staff members were aware of their responsibilities to keep risk assessments current, to report any changes and to act upon them.

We saw that support plans were being followed when supporting a person to use a wheelchair to access the community to keep the person safe. Equipment was found to be in place to ensure a person's safety. For example, there was a pressure relieving mattress in place for a person who had a pressure sore. A staff member told us, "We have never had someone with a pressure sore before but we were prepared, [person's name] has a mattress in place and we have been shown how to use it".

People who used the service displayed behaviour that could challenge and staff knew how to keep people and others safe. One staff member told us that restraint was not used or needed to support such behaviours. They said, "We are trained in how to de-escalate situations by diversion". We saw this in practice. For example, one person was shouting and distressed. A staff member offered reassurances and supported them to divert their attention, which helped the person to relax. We found that records were being kept about people's behaviour. These detailed what had happened and how the situation was handled by staff members. However, there was no analysis of this information to look for patterns. This could have helped the provider to understand the nature of the incidents to keep people safe. There was therefore a potential risk that incidents would reoccur as a review of incidents had not occurred. We spoke to the area manager and registered manager about this and we were shown records detailing how this had been identified by the provider and action was being taken.

Other incidents and accidents at the home were investigated and analysed to look at the causes for these. We were shown a monitoring system where clear action had been identified to reduce the likelihood of them happening again. For example, where action had been needed to support a person to stay safe following seizures, the registered manager had made a referral for specialist advice.

There was a comprehensive continuity plan in place that was available to staff that they could refer to in the event of unexpected incidents in the home. This included the processes to follow and contact numbers for key agencies. Each person living at the home had been assessed for the support they would require from staff in order to evacuate the building and to keep safe should this be necessary.

We looked at records that showed equipment and the environment had been regularly checked. For example, regular checks to the fire system had occurred. In this way the provider had taken the appropriate action to maintain people's safety.

Relatives told us that they were satisfied with the staffing levels at the home. One relative said, "There are always enough there when I've visited". Staff told us that there were sufficient staff on duty to keep people safe. We saw

Good

Is the service safe?

that the staffing rota was available to staff. This highlighted who the senior staff member was so that people knew who to contact to report any concerns. We saw that there were sufficient staff on duty when we visited to keep people safe.

Staff recruitment was thorough and the provider had a policy and procedures in place that ensured prospective staff were not offered employment until all checks had occurred. Records confirmed that these had taken place.

People received their medicines as prescribed in a safe way. One person told us, "…the staff help me with my medication". One relative confirmed this and said, "The staff administer the medicines as and when needed. [Person's name] came home to us and the staff carefully explained what I needed to do and when". We saw that staff ensured that people had taken their medicines by staying with them until it was swallowed. We found this to be in line with the provider's policies. Medicines were stored safely and only trained staff administered them. We saw that there were protocols in place for offering people medicines that they did not always need. For example, some medicines had been prescribed to help people to relax when they had become anxious. There was a risk that these medicines could have been given too frequently rather than staff using their skills to reduce people's anxiety. Staff told us about this, "They were having PRN (as and when needed medicine) all of the time but [person's name] hardly has any, I don't think [person's name] has had any in the last 12 months….now receives 1:1 support which helps". In this way the provider had looked at alternative ways other than medicines to reduce people's anxieties. This is in line with best practice.

Good

Is the service effective?

Our findings

People were receiving support from staff who had undertaken regular training. A relative told us, "The staff are appropriate, they have obviously been trained well". Staff told us that they received training to help them to undertake their roles. One staff member said, "The training here is more than sufficient for us to care for people". Records showed that training had been undertaken and included restrictive practice, behaviour that challenges and learning disability awareness. Some of the staff members had been trained to cascade training to other staff and we found that it had been made specific to the people that used the service. This meant that staff had been given information and learnt skills in order to support people effectively.

Staff members had received an induction when they had started working at the home and records confirmed this. Staff told us that they were receiving regular support from the registered manager. We asked staff how often they had received supervision with their supervisor. Supervision is a process where staff members are offered support and feedback to improve their practice. One staff member told us, "About every month, an appraisal every 6 months". We saw records that confirmed staff received regular support. The registered manager was available to the staff team and we saw that they answered questions and offered to support to staff in relation to people who used the service when we visited. In these ways staff were supported to enhance their practice when providing support to people.

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.

We checked whether the provider was working within the principles of the MCA and found that they were. Staff told us about their approach to supporting people to make decisions. One staff member said, "We are to see them as having full capacity until proved otherwise…just because they make a decision that is not what we would do, that is their choice". We saw documentation in people's support plans that indicated that staff understood about capacity and the need to assess and record where a person did not have capacity. We saw that these considerations were specific to different decisions that needed to have been made. For example, before the decision was made that a person did not have the capacity to administer their own medicines, they were shown their medicines and recording charts and asked to indicate their understanding of them.

Staff were also knowledgeable about how decisions can be made in someone's best interest. One staff member told us, "If an individual lacks capacity to make a decision the group of people come together to make a decision, this could be the GP, family, carers, social worker, in their best interest". We saw that staff had received training in the MCA and Deprivation of Liberty Safeguards.

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 saw that the registered manager had made the appropriate applications to the 'supervisory body' (the local authority) where they were seeking to deprive someone of their liberty. For example, because somebody was being constantly supervised and therefore their freedoms were being restricted. We saw that a person had a DoLS authorisation in place. A condition of this was that they kept their relatives up to date about what they had been doing and how they had been feeling. With the support of a staff member, they had completed a newsletter to meet this requirement. This meant that the provider was aware of the responsibilities when restricting people's freedoms and sought to protect people's human rights.

One person told us that they enjoyed the food offered to them. They said, "The food is always good". Relatives told us that they were satisfied with the food available. One relative said, "They know [person's name] likes and dislikes". Staff had mixed views on the food options provided. Two staff members spoke positively about the food whilst one staff member said, "I don't think they get many choices with meals". We were told by one staff member that they were working with the registered manager to relook at options given to people to enhance them.

People were supported to eat and drink well and were weighed regularly to monitor their health. Drinks and snacks were available throughout the home and staff

Good

Is the service effective?

members encouraged and supported people to drink outside of mealtimes. Staff recorded food and fluid that people consumed where it was assessed as necessary to monitor what had been eaten or drank. Staff members had a good knowledge of people's nutritional needs and also knew personal likes and dislikes. People were routinely offered a main choice and a vegetarian option at each meal. We saw daily records showing that people had made choices about the food that they wanted.

People had access to healthcare services to keep them in good health. One person told us, "If I am poorly staff take me to the doctors". Relatives confirmed that their family members had access to regular healthcare professionals.

On the day of our visit we saw that a district nurse was visiting to support a person's recovery from an injury. Staff members told us that they would call for a GP if a person needed to be visited. People had Health Action Plans which helped to support people to maintain good health. These gave people information about their health needs in ways that sought to involve them through having easy to read information in them. These records confirmed that a variety of local health professionals supported people who lived at the home including community nurses, community psychiatric nurses and an occupational therapist. In these ways people received healthcare support when they needed it.

Good

Is the service caring?

Our findings

People were being supported by staff who cared. One person told us, "The staff are all kind". All of the relatives we spoke with described the staff team as very caring. A relative told us that the staff had been sympathetic to their needs and had supported them to visit. A staff member said, "We are like one big family here".

We saw good interactions between staff and people at lunchtime making it a social occasion. People could choose where they took their meals and most chose to use the dining room. Some people were eating out and others in their bedrooms. At lunchtime we observed staff supporting people to be as independent as possible. We saw that a staff member was joining in where a person was banging a toy on the floor. The person had enjoyed this interaction and we saw that they were smiling.

Most people who lived at the home were not able to communicate verbally. We saw that staff supported people's communication needs and people were happy with their approach. This was shown by people in the way of smiling and the lack of anxiety which had been referred to in people's communication records. We saw that staff understood the importance of being at eye level with people when talking with them and understood what various signs and behaviours meant. One staff member told us, "When [person's name] is vocal, you know they want a drink". People had information available to them in accessible formats so that they knew what support was available to them. In these ways the provider had addressed the communication needs of people which showed that they cared.

Staff knew about people's preferences and life histories which had been recorded in people's support plans. This helped them to offer care to people in ways that were important to them. For example, we saw that one person had a detailed routine that was important for staff to follow. We saw this happening on the day of our visit.

We saw that staff members had supported people to personalise their bedrooms. One person was happy to show us their bedroom which had an overhead working train track running around it. The person was very happy with this and smiled when a staff member told us about it.

People were involved in making decisions where this was possible. One staff member told us, "Depending on each individual you get to know their communication. Showing them different choices, some use pictures. They use pictures for meals and activities". Staff also knew how people made choices that were not always verbal. One staff member told us, "[Person's name] puts their hand up to indicate no". We saw information in people's support plans detailing how people can be involved in making decisions. For example, one person was described as being able to make some choices independently. Staff were guided to look at the person's facial expressions. If the person smiled this indicated that they were pleased with a decision or choice they had made. We saw that advocacy information was displayed so that people and their relatives had information on services that could support with decision making. In these ways staff showed a respectful and caring approach to the people they supported.

We saw staff treating people with dignity and respect. People were referred to by their preferred name and staff members took time to listen to people. Staff ensured that they were being discreet when offering personal care and carried this out in a private way making sure doors were closed. A staff member told us, "We make sure they have privacy and dignity when bathing".

Where people were distressed, staff acted quickly to offer support that helped the person to relax.

We were told about the support offered when people were admitted to hospital. The home made arrangements to offer on-going support as the person would have been distressed on their own. We saw a compliment form the local hospital in relation to the caring support that the staff members had provided.

People's information was kept secure. We saw that records were stored confidentially so that unauthorised people could not access them. When staff spoke about people with others to share information, this was done in a private way. In these ways information about people was being handled securely and discretely.

Good

Is the service responsive?

Our findings

People told us that they received care in ways that were important to them. One person said, "I can get up when I want". They also told us, "I chose what I wear". Staff confirmed that it was the detail in the plans that meant people had not become anxious and if they had, there were instructions for dealing with this. One staff member told us, "Whenever I have spare time, I always look at a care plan and find out something new about somebody". We saw that support plans were in place and were focused on people's preferences. The detail was such that staff providing the care would have known exactly how people preferred their care to be delivered. For example, a support plan detailed a person's preference for a bath or shower, the time they liked their bath and the amount of bubble bath they preferred. Staff told us about the support they had given a person to learn new skills. They explained how a person in their past was not able to assist themselves to eat independently but was now able to do so.

Relatives confirmed that they had been involved in their family members' assessment of their support needs. One relative told us, "I was involved in the assessment yes, I gave them some information…I had previously visited the home and spoke to staff about [person's name] needs". People were involved in the planning of their care in creative ways. For example one relative told us how their family member had spent a day at the home before moving in to see if they had liked it. We were told this was because the person would have found it difficult to have been involved in formal meetings. We saw that staff always gained information from social workers or visited a person before they moved into the home. They undertook an assessment that fed into the support plan. This meant that staff had information to offer support that was in line with people's individual needs.

We saw that people's support needs had been reviewed regularly. One relative told us, "I go to the reviews once a year, [person's name] chose not to go". The registered manager had made arrangements to devise a short-term support plan following a hospital admission for a person. This reflected the person's changing needs and gave clear information for staff on the support required.

People took part in activities that they were interested in. Staff had mixed views about the activities offered to people. One staff member told us, "Day care, we have definitely improved it a lot. More residents are going out on a frequent basis". Another staff member said that activities were not being offered regularly. Relatives we spoke to were satisfied about the opportunities available to their family members. One relative told us, "[Person's name] is far more stimulated now than where they used to live. [Person's name] goes out all of the time and is well catered for". When we arrived we saw that people were on their way out to activities. Throughout the day people were seen to be taking in part in activities that they enjoyed which records showed were important to them. These included people undertaking their own laundry, going to the local shops and being engaged in sensory activities.

A person we spoke with told us that they knew how to make a complaint. They said, "I would tell staff if something was wrong". The relatives we spoke with all knew how to complain. One relative said, ""I haven't had to make any complaints. There have been a few small concerns but these were immediately dealt with". Staff confirmed that they would report any complaints or concerns made to them to the registered manager. The complaint's procedure was displayed in the entrance to the home and was available in an easy read version. This meant that people with learning disabilities had information on making a complaint in a way that was useful to them. We saw that the home had not received any complaints in the last year but that the provider's complaint's policy detailed how they would handle these should one be received.

People were able to share their experience of living at the home by being part of regular meetings with staff members. We saw that residents meetings had occurred. The discussions included asking people where they would like to go on holiday, ideas for changing the menu and a general discussion about if people wanted to give any feedback.

Good

Is the service well-led?

Our findings

The registered manager was approachable and well liked. One person told us, "He (the registered manager) is lovely" and beamed as they said it. A staff member said, "The manager is approachable about anything…I get a lot of support". Relatives confirmed this and one told us, "It's all very open. There's lots of information available." We saw the registered manager speaking with people and staff members about things that were important to them when we visited. The registered manager was available to offer support where this was requested.

Staff said that they would be confident to report concerns under the provider's whistle blowing policy if they identified a colleague demonstrating unsafe practices. One staff member said, "You can whistle blow, all the numbers are on the board in the office". We saw posters within the home that advised staff and visitors about their responsibilities to keep people safe and to report any concerns. In this way the provider had arrangements in place to receive concerns about any poor practice.

Staff told us that they were able to offer feedback to the registered manager about the support the service offered. We saw that regular team meetings had occurred. These focused on, for example, good practice when dealing with accidents and incidents, ideas for improvement and checking the quality of food provided. This meant that staff were involved in developing the service.

We saw a Statement of Purpose on display. This identified the provider's aims and objectives which largely centred on providing support in a dignified way. During our visit, we found that the staff team considered this in all areas of their work which showed that they had understood what the service saw as important.

We saw that regular audits had been occurring to check on the quality of care being provided. For example, there were audits on the kitchen, medicines and support plans. These identified actions that needed to be taken to enhance the quality of care. For example, we saw that matching cutlery for people had been considered and ordered. It had been recorded that a photograph for one person was required to aid their understanding of their support plan. The area manager had visited regularly and had undertaken observations of staff practice. Constructive feedback to staff on the outcome of this had been given. This meant that the provider was regularly looking at ways to improve people's experiences of care.

The provider had sought feedback from relatives about their family members' support. A relative told us, "I have completed a questionnaire a month ago. I haven't received feedback as yet but it wasn't long ago". We saw that feedback forms had been sent out regularly. These focused on asking for suggestions for improvement and what the service did well. The results of a previous survey from 2014 had been offered to people and their relatives which were largely complimentary.

There was a registered manager in place who was able to explain their role and responsibilities. We found the registered manager to be open about what the service did well and what could have been improved. For example, they were aware of the need to analyse where people had become anxious and the reasons for this. This had not previously occurred. The registered manager knew about the need to inform the relevant authorities about important incidents that had happened. Records confirmed this was being undertaken.