

Orchard View Care Services Limited

The Old Bakery

Inspection report

54 Park Street
Credton
Devon
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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

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.

About the service

The Old Bakery is a residential care home providing care and support to up to four people. The service provides support to people with a learning disability. At the time of our inspection there were three people using the service.

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

Right support: Model of care and setting maximises people's choice, control and Independence; Right care: Care is person-centred and promotes people's dignity, privacy and human rights; Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose and service user guide documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in The Old Bakery. For example, people were constantly encouraged to lead rich and meaningful lives.

The service provided safe care to people. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff provided care that was kind and compassionate. We observed a staff member painting a person's nails. Interactions were positive and the person was relaxed and happy. They greeted us with a big smile. They commented, "I like living here, the staff are nice. We are going out this afternoon."

There were sufficient staff to meet people's needs. People were supported by a core team of staff. Staff

confirmed that people's needs were met promptly, and they felt there were sufficient staffing numbers. We observed this during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in a range of activities both within the home and local community.

There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received. The service made continuous improvements in response to their findings.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 31 October 2019 and this is their first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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 Old Bakery

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 carried out by one inspector.

Service and service type

The Old Bakery is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who lived at the service. We also spoke with five members of staff, which included the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. We looked at a variety of records relating to the care and support provided, two staff files in relation to recruitment and various policies and procedures were reviewed. We requested a variety of records were sent to us relating to staff training and regards the management of the service. These included specific audits/reports relating to the quality and safety of the service to ensure people received safe care and support specific to their individual needs.

After the inspection

After our visit we sought feedback from relatives and health and social care professionals to obtain their views of the service provided to people. We received feedback from two relatives and two health and social care professionals. We continued to seek clarification from the provider to validate evidence found. We provided initial feedback to the service on 24 May 2022.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and supported by staff in their home. A person commented, "I like living here, the staff are nice."
- Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. Interactions between people and staff were relaxed and friendly and people seemed happy. A relative commented, "I have found all the staff to be excellent, their skills and communications skills with family are very good. They handled Covid well and did their best to care for all in The Old Bakery. I have nothing but praise for the service."
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and the Care Quality Commission (CQC). Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.
- The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's individual risks were identified, and risk assessment reviews were carried out to identify ways to keep people safe. For example, risk assessments for epilepsy management, eating and drinking and going for walks, coffee mornings and cafes.
- Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible. For example, people had positive behaviour support plans in place for staff to follow if an incident occurred. Positive behaviour support plans are used to support where people are expressing emotional distress. This gives staff a consistent approach to and understanding of the support that needs to be delivered. The plans are devised by The Old Bakery using information given by relevant health and social care professionals.
- A professional commented, "The staff team worked alongside us to ensure that everyone was working consistently with (person). Our client was presenting with significant distressed behaviours that were impacting on the other residents; however, the manager and the whole team were determined to make this respite work and adhered to all of our interventions, recommendations and management of these behaviours. On our second visit to The Old Bakery we were pleased to see our client presented as significantly more settled in mood and presentation, standing upright, good eye contact and able to participate in appropriate conversations with us around what he had been up to and plans for later in the

day – going to the local charity shop to buy a book and swimming after tea that evening."

- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments were updated. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested where needed to review people's plans of care and treatment.
- The provider undertook regular health and safety checks of the premises. Safety systems and equipment used at the service were maintained and serviced at regular intervals to make sure these remained in good order and safe for use.

Staffing and recruitment

- There were sufficient staff to meet people's needs. People were supported by a core team of staff. Staff confirmed that people's needs were met promptly, and they felt there were sufficient staffing numbers. We observed this during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in a range of activities both within the home and local community.
- The registered manager explained that staff skills were integral to enable people's care and support needs to be met. They added that people received support from a consistent staff team. This ensured people were able to build up trusting relationships with staff who knew their needs.
- Where a person's needs increased or decreased, staffing was adjusted accordingly. This meant people's care and support needs could continue to be met.
- We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular staff would fill in to cover the shortfall, so people's needs could be met by staff members who knew and understood them. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift. The on-call arrangements were shared between members of the organisation's management team.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed so they received them safely.
- Appropriate arrangements were in place for obtaining medicines. The home received people's medicines from a local pharmacy each month. When the home received the medicines, they were checked, and the amount of stock documented to ensure accuracy.
- Medicines were kept safely in a locked medicine cupboard. The cupboard was kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. Medicines administration records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.
- Staff received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines.

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 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.

Visiting in care homes

- The service was following government guidance with regards to visitors. There was prominent signage and instructions to explain what people should do to ensure safety. Information was easily accessible on arrival and before visits to ensure visitors followed guidance, procedures and protocols to ensure compliance with infection prevention control.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were well trained and competent in their jobs.
- People did not comment directly on whether they thought staff were well trained. Professionals commented, "Both my colleague and myself were very impressed by everyone at The Old Bakery and would recommend this placement to others if required."
- Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a probationary period, so the organisation could assess staff competency and suitability to work for the service and the people who used it.
- Staff received training, which enabled them to feel confident in meeting people's needs and identify changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date.
- Staff received training on a range of subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling, first aid, infection control and a range of topics specific to people's individual needs. For example, epilepsy management and equality and diversity.
- Staff had also completed nationally recognised qualifications in health and social care, which encouraged them to provide safe, compassionate care.
- Staff received on-going supervision in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed they felt supported by the registered manager.

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

- People were supported to maintain a balanced diet.
- Staff recognised the importance of good nutrition and hydration. Staff had received training on nutrition and hydration in order to confidently support people with meal planning and preparation.
- Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's eating habits and in consultation with them contacted health professionals involved in their care.

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

- Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in a person's physical health.

- Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and well-being. For example, how people preferred to be supported with personal care.
- People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw evidence of health and social care professionals' involvement in people's individual care on an on-going and timely basis.

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

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves.
- People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act 2005 (MCA).
- People's capacity to consent had been assessed and best interest discussions and meetings had taken place. Care records demonstrated consideration of the MCA and how the service had worked alongside family and health and social care professionals when there were changes in a person's capacity to consent to care.

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

- The Old Bakery is set over two floors accessible. People's individual needs were met by the adaptation, design and decoration of the premises. People had a variety of spaces in which they could spend their time and their bedrooms were personalised. Reasonable adjustments had been made to enable people to move around as independently as possible.
- The provider was currently working through a structural and redecoration programme to improve the premises. The provider told us, "All these improvements were made to provide a safer and nicer home for the service users, visiting family members and friends and to improve working conditions for the staff and visiting professionals." As a result, some of the improvements made, included a new kitchen, the hallway opened up for better access and people's bedrooms and communal areas redecorated.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; Supporting people to express their views and be involved in making decisions about their care

- Staff were kind and compassionate and treated people with respect. We observed staff responding to people in a kind, respectful and compassionate manner. This was demonstrated by gentle and spontaneous interactions from staff to people. Reassurance and encouragement were offered by staff when required.
- We observed a staff member painting a person's nails. Interactions were positive and the person was relaxed and happy. They greeted us with a big smile. They commented, "I like living here, the staff are nice. We are going out this afternoon."
- A professional commented, "I have known (person) for four years and it has been some time since I have seen them properly laugh which I did witness when I visited. I would definitely recommend The Old Bakery as a service."
- Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.
- Through our conversations with staff it was clear they were committed, kind and compassionate towards people they supported. They described how they observed people's moods and responded appropriately.
- There was a strong, visible person-centred culture. This was evident from all staff within all roles. The person-centred culture was embedded at all levels. For example, staff valued people and knew their preferred daily routines, likes, and dislikes. The service ensured that staff focused on building and maintaining open and honest relationships with people and their families, friends and other carers. This helped to promote and ensure the service was person centred.
- Staff adopted a strong and visible personalised approach in how they worked with people. Staff spoke of the importance of empowering people to be involved in their day to day lives. People were involved in their care planning where appropriate.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect when helping them with daily living tasks.
- Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.
- Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. A professional commented, "Staff have reported how (person) was developing self- help skills and participating in cooking their meals, shopping for the home with staff and how this was really positive in becoming an independent

young man. This was really positive to hear as they do not have much opportunity to do this at home. We quickly caught up with (staff member) to thank them and their staff for all the positive and proactive work they have been undertaking and helping our client become well again."

- Staff were aware of the need to ensure people's diversity was respected. They told us how they supported people with different likes and dislikes. For example, who liked a particular routine and the preferred gender of staff when receiving personal care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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; 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 received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs.
- Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was based on the person's wishes.
- Relevant assessments were completed and up to date, from initial planning through to on-going reviews of care, including cultural and religious preferences.
- Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as their physical and mental health. People's likes, and dislikes were taken into account in care plans.
- Care plans were detailed and included personal preferences, such as how they want their personal care delivered. Staff told us they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health. Daily notes showed care plans were followed.
- Staff said people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. One commented, "The care plans capture all aspects of a person's care and their needs. Risks are constantly being reviewed. The care plans provide a great overview to an individual's needs, wants and likes and dislikes. They are a good source of information regarding an individual."

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.

- Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained communication details explaining how people communicated their wishes.

Improving care quality in response to complaints or concerns

- There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments. This was through discussions with them by staff on a regular basis and knowing people's behaviours when unhappy. Relatives were also made aware of the complaints system. The complaints

procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint.

- The service had not received any complaints. However, the registered manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

End of life care and support

- People were supported at the end of their life. The registered manager said, in the event of this type of support being needed, they worked closely with the community nursing team; GPs and family to ensure people's needs and wishes were met in a timely way.

- The registered manager told us, "(Person) was discharged to us on palliative care with the support from the Intensive Assessment and Treatment Team (IATT) and district nurses. During a multidisciplinary team meeting it was decided that we should support (person) to do things that they enjoy (walking, swings, social interaction with peers). (Person's) health declined and as a result of this it was decided to begin end of life care alongside the relevant professionals and family. We supported (person) to pass away comfortably and dignified within their own home where they were happy."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; 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; Continuous learning and improving care

- Systems were in place to monitor the quality and safety of the service. Audits were completed on a regular basis as part of monitoring the service provided. These checks reviewed people's care plans and risk assessments, medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans and risk assessments updated and involvement of relevant health and social care professionals.
- The service was open, honest and transparent with people when things went wrong. The management team recognised their responsibilities under the duty of candour requirements and followed the service's policies.
- The registered manager had notified CQC in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and promoted an open person-centred culture. A staff member commented, "I have no worries about going to (registered manager), they are brilliant. The office door is always open. Teamwork is strong, we all adapt and bring different strengths.
- Staff confirmed they were kept up to date with things affecting the overall service via team meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system to ensure consistency of care and support.
- People's views and suggestions were taken into account to improve the service. surveys had been completed by people using the service, relatives and health and social care professionals. The surveys asked specific questions about the standard of the service and the support it gave people. All comments received were positive. The registered manager and their staff team were also in regular contact with families, via phone calls, technologies and visits. The registered manager recognised the importance of ever improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.

- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose and service user guide documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in The Old Bakery. For example, people were constantly encouraged to lead rich and meaningful lives.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and various specialists specific to certain conditions/needs. Regular reviews took place to ensure people's current and changing needs were being met.
- A Professional commented about their experience of the service, "I would like to say how present the management team were, participating in core group meetings and multidisciplinary team discussions making communication between all involved with the individual easy allowing for a true joint working to help aid and promote the recovery of our client."