

Orchid House Residential Care Home

Orchid House

Inspection report

42 Spring Street
St Ann's
Rotherham
South Yorkshire
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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service:

Orchid House provides residential care services to adults with learning disabilities. It accommodates up to four people. The home is located close to Rotherham town centre and has parking and public transport access as well as local facilities nearby.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

Medicines were predominantly well managed, although we identified some shortfalls.

Staff were trained in relation to how to keep people safe from the risks of harm or abuse, and there was information available in the home for people using the service and staff about what action to take if abuse was suspected. However, we noted the provider had not always taken the required action when such incidents occurred.

Staff routinely promoted choice and independence, and spoke to people with respect, upholding their dignity. Care plans were highly personalised which indicated that staff understood people's needs well. Care was reviewed regularly to ensure it met people's needs, and where changes were required these were implemented. Each person had various programmes in place to assist them in developing skills and promoting independence, and again these programmes were regularly reviewed.

Staff were recruited safely, with appropriate background checks being made. Records showed staff received training in a wide range of relevant areas, and the deputy manager was enthusiastic about sourcing new training opportunities for staff to assist them in developing their skills.

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.

People using the service were encouraged to be involved in meal planning and preparation, and people using the service told us they valued this. "We pick what food we like" one person told us.

There was a complaints system in place. We saw where complaints had been made, investigations were undertaken and complainants received a written response.

There was a system in place for monitoring the quality of service people received, and making ongoing improvements as part of the monitoring system

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection:

The last rating for this service was good (published 14 April 2017)

Why we inspected:

This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up:

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

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

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 not always safe.

Details are in our Safe findings, below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings, below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings, below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings, below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our Well Led findings, below.

Requires Improvement ●

Orchid House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

Inspection team:

The service was inspected by one inspector.

Service and service type:

Orchid House is a care home. People in care homes receive accommodation and nursing or personal care. 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. Although there was a registered manager in place, staff and the management team told us the registered manager had no involvement with the service. They did not visit the service and were not involved in the management of the home. This meant the person appointed as registered manager was not a suitable person to hold this role. Following the inspection a member of the management team commenced the required steps to become registered.

Notice of inspection:

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people using the service about their experience of the care provided. We spoke with four members of staff including two members of the management team.

We reviewed a range of records. This included three people's care records and 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 audits, policies and procedures were reviewed.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- There were secure storage systems in place to support people in managing their medicines.
- Medicines, and records of medicines, were audited frequently so the management team had a good oversight of how medicines were managed at the home. However, we saw these audits had failed to identify shortfalls in records and medicines management.
- Staff competency in relation to medicines was regularly checked.
- Some people required medication on an "as and when" basis, often referred to as PRN. Staff on duty could not describe any protocols related to this, although following the inspection the provider supplied CQC with copies of PRN protocols

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place which contributed to minimising the risk of abuse
- Staff had a good understanding of safeguarding processes, and had received appropriate training in this field. Information was available to staff about what action to take should they suspect abuse.
- We identified occasions where people had been subject to suspected abuse, however, the provider had on a small number of occasions, failed to submit the appropriate notifications to CQC

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

- Each person using the service had comprehensive risk assessments setting out risks that they may present, or to which they could be vulnerable. They were completed to a high level of detail which meant staff understood what was required to ensure people were safe.
- Risk was discussed during team meetings so staff were fully aware of how to manage risks within the service.
- Appropriate action was taken in response to any incidents, such as referral to relevant healthcare professionals or changes to risk management systems.
- Health and safety within the premises was appropriately managed, with up to date testing and checking of the fire system and electrical equipment.

Staffing and recruitment

- When staff were recruited, Disclosure and Barring Service (DBS) checks been completed and references sought from previous employers. This helped to make sure staff were fit for the role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

- Staff were deployed in sufficient numbers so that people received care when they required it. Where people had been assessed as requiring one to one staffing, records showed this was provided.

Preventing and controlling infection

- A regular infection control audit was undertaken, and any actions identified were completed quickly and appropriate policies were in place to support good practice.
- Staff had received training in infection control, and we observed the premises was clean throughout.

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 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 needs were regularly assessed, to ensure the provider understood how best to meet them.
- Care plans were extremely person-centred. Care was planned and delivered in line with people's individual assessments.

Staff support: induction, training, skills and experience

- Staff training records showed they had received a range of training in areas appropriate to the needs of people using the service. Staff received regular supervision and appraisal
- Staff told us they received a wide range of appropriate training, and staff skills and training was monitored by members of the management team.

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

- People's care plans contained information about their food likes and dislikes, and records showed this was adhered to. Staff had a good knowledge of people's preferences in this area.
- People using the service told us they liked the food available. One person said: "I get to pick [what food I eat.]"

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with external professionals to ensure people were supported to access health services and had their health care needs met. Staff followed guidance provided by such professionals.
- Information was shared with other agencies if people needed to access other services, such as hospitals. Appropriate records were kept in case someone using the service was admitted to hospital, so that healthcare staff would understand their needs.

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

- The premises had been adapted to meet the needs of people with a learning disability, with picture signage as appropriate.
- Records showed people had been consulted on décor and design, and the home reflected people's tastes.
- One living area had a large number of information posters for staff, which detracted from the homely feel throughout the rest of the home.

Supporting people to live healthier lives, access healthcare services and support

- Records we checked showed that the provider worked in an integrated way with external healthcare providers to ensure people received optimum care.
- External healthcare providers' information and assessments had been incorporated into people's care plans

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We checked records to see whether people had consented to their care and treatment. People had given informed consent, and we saw this was regularly reviewed.
- Staff had received training in relation to consent and capacity, and the registered manager demonstrated a good understanding of their responsibilities in this area.

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 treated as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's cultural needs were assessed when their care plans were initially devised, and this was regularly reviewed.
- Staff we observed were warm and respectful in their interactions with people using the service, and people responded positively to this.
- People's protected characteristics were recognised when their care needs were assessed and in the delivery of their care.

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

- People's views and decisions about care were incorporated in the day to day practices of the service.
- Regular meetings took place for people using the service where they were encouraged to share their views and opinions about the service. We saw they contributed to decisions about activities, holidays, food and décor within the home.
- We observed staff seeking people's opinions as they provided support, and adhering to people's expressed views.

Respecting and promoting people's privacy, dignity and independence

- In our observations of care taking place we saw staff took steps to uphold people's dignity and privacy, providing support as discreetly as possible. Staff knocked on people's doors before entering their rooms, and provided support at people's preferred pace. People told us this was important to them.
- Care plans showed people's independence was promoted, and we saw staff encouraging people to be independent in their day to day activities. Programmes were devised with people to support them in developing independent living skills. For example, one person had a programme in place to assist them in managing their medication independently.
- Systems were in place to maintain confidentiality; people's records were stored securely within the home.

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 good. At this inspection it remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Each care plan we looked at showed the person's needs and preferences had been taken into consideration when the care plan was devised.
- Staff we observed undertaking care tasks demonstrated that they gave people choice and control in their day to day activities. People responded positively to this.
- Care records showed that staff checked with people about how care was being provided to ensure people had control over the care they received.
- People's communication needs were assessed, recorded and highlighted in their care plans; this helped ensure staff understood how best to communicate with each person.

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 we checked were written in a way which took into consideration people's communication needs. This included the use of pictures and photographs.
- The use of signs and symbols around the home enabled people to communicate effectively. The kitchen area, in particular, used photographs and large script on signage to improve comprehension.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receipt and management of complaints were clear. Each person's care plan contained information about how to make a complaint.
- Where complaints had been received, the provider had carried out an investigation, and made changes where appropriate.

End of life care and support

- People's end of life needs and preferences were taken into consideration when their care plans were devised, and people were encouraged to share their thoughts. The end of life care plans we checked were highly personalised.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At the time of our inspection there was a registered manager in place. 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.
- A wide range of audits were undertaken by the management team. These were used by the service to measure health, safety, welfare and people's needs; records confirmed this.

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

- The management team were not always familiar with regulatory requirements; this was evidenced through a failure to notify CQC of certain, legally notifiable incidents.
- The rating from the last inspection was not on display in the home. The management team told us they did not know this was a legal requirement. They took steps to address this during the inspection.
- The management team had a good understanding of some aspects of risk and quality, as evidenced by the comprehensive audit programme in place within the service. However, the medication audits had failed to recognise some shortfalls in the way medicines were managed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback was regularly sought, and incorporated into the way the service was run where appropriate. There was a system of meetings for people using the service, and we saw evidence of the management team taking action in response to meeting decisions, so that people's views influenced how the service was operated.
- Supervision records showed staff were engaged in how the service was run, and their views were sought.

Continuous learning and improving care

- Staff praised the learning opportunities available to them. Supervision records showed that training was promoted and encouraged within the service.
- Staff meetings were used for all staff to discuss and contribute to developments arising from learning

opportunities.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they met people's needs. This included specialist activity providers and work placements. This ensured a multi-disciplinary approach had been taken to support the care of people receiving the service.