

The Whitepost Health Care Group

Orchard House

Inspection report

7 Green Lane
Redhill
Surrey
RH1 2DG

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Orchard House is a care home providing accommodation and personal care for up to five people with mental health needs. At the time of the inspection, five people were living there.

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

People told us they felt safe and had a good relationship with staff. Staff felt confident to raise safeguarding concerns with the registered manager and were aware of external agencies where they could report concerns.

Staff supported people to manage their medicines safety. There were enough staff available to support people safely and ensure people that needed support to access the community could do so. Staff were recruited safely. Risks to people were identified and guidance was in place for staff to reduce the level of risk to people.

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. Where required, decision specific capacity assessments were completed and there was an effective system to monitor Deprivation of Liberty Safeguards applications and authorisations.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care needs. Staff received regular one to one supervision and told us they felt supported.

Support plans were detailed and reviewed regularly. People's healthcare needs were identified and met. Staff worked with a range of healthcare professionals and followed professional advice and guidance when needed. Feedback we received from professionals who worked with the service was positive.

People were supported by caring staff who worked towards promoting their dignity, privacy and independence.

There were systems to ensure care was responsive. People felt their concerns and complaints would be listened to and responded to. People had plans relating to end of life care decisions where required.

People gave us positive feedback about the quality of care they received. The feedback on the leadership of the service and the registered manager from people and staff was positive.

There were effective governance systems in place to monitor the quality of service and the health, safety of welfare of people.

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

Rating at last inspection:

The last rating for this service was Good (published January 2017)

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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.

Orchard 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:

This inspection was completed by two inspectors.

Service and service type:

Orchard House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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 CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did before the 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 reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all of this information to plan our inspection.

During the inspection:

We spoke with four people who lived at the service and two members of staff. We reviewed a range of records. This included some people's care records and medication records. We also reviewed records

relating to the management of the service such as incident and accident records, meeting minutes, training records, policies and audits.

After the inspection:

We received clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We contacted three members of staff, seven healthcare professionals and members of the community who have had contact with the service to gain their views. We received feedback from all three staff and three professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- Medicines were stored safely and securely. The Medication Administration Records (MARs) we reviewed were completed correctly when medicines were administered. Staff received training in medicines management and their competency was assessed annually.
- At the time of our inspection there were no medicines that required additional security, there were no medicines that required cold storage and no person at the service was using any topical medicines to promote skin integrity.
- Protocols for medicines which had been prescribed to be taken 'when required' were available and had guidance for staff to instruct them when to administer these medicines.
- People we spoke with were happy with the way their medicines were managed. One person we spoke with told us, "I'm happy with how that's [medicines] done."

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "Yes [I feel safe] – staff are nice and friendly – I can speak to them and they listen." A healthcare professional said, "The service is safe."
- There were effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. Staff understood the possible types of abuse people could be subjected to, and how to report it both internally and externally.
- There had not any safeguarding incidents for a period of time, however the registered manager demonstrated they understood the reporting process.
- Staff received safeguarding training a part of their induction and regular updates. There were policies available to staff and additional guidance on how to report concerns was displayed in the office.

Assessing risk, safety monitoring and management

- People had individual risk assessments. We reviewed examples of risk management in relation to health conditions, falls, deterioration in mental health and accessing the community.
- Identified risks had detailed guidance for staff about how to reduce the potential risk to people. During our conversations with staff it was evident they understood people's risks and gave examples of how they supported people to be safe.
- The service environment and equipment were maintained. Records were kept of regular health and safety and environmental checks. Fire alarms and other emergency aids were regularly tested and serviced.
- Individual and personalised emergency plans were in place to ensure people were supported to evacuate in an emergency.

Staffing and recruitment

- People felt there were sufficient numbers of staff to meet their needs. People said there were always staff available to support them. We saw examples of this during the inspection.
- Staff we spoke with said there were sufficient staff to support people. All commented that people's needs were met and that they had sufficient time with people.
- The registered manager had a dependency tool as an aid to determine staffing levels and staffing rotas were forecast in advance.
- Staff were recruited safely. Checks included references from previous employers and the Disclosure and Barring Service (DBS). DBS checks are important as they help prevent people who may be unsuitable from working in care.

Preventing and controlling infection

- Staff used personal protective equipment such as gloves and aprons and these were changed when it was appropriate.
- The service was clean and free from malodours. Staff at the service were involved in cleaning and the service received periodic support from the provider with an additional cleaner to ensure the service was clean.
- Staff at the service received training in infection control and there were governance systems in place to ensure the service was clean.

Learning lessons when things go wrong

- Where incidents and accidents had occurred, action had been taken to minimise the risks of reoccurrence.
- The registered manager maintained an overview of reported accident and incidents. This evidenced the incident, any immediate actions taken, and any lessons learned. This information was shared with staff at the service.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 assessed prior to them moving in to the home. The assessment process ensured a comprehensive care plan which included detailed guidance for staff about how to meet people's needs was completed on admission.
- Staff followed guidance in relation to people's identified health needs. During our conversations with staff it was evident they understood people's needs well.
- People's protected characteristics under the Equalities Act 2010 were identified and promoted.

Staff support: induction, training, skills and experience

- People were supported by staff who had knowledge and skills to meet people's needs. One person told us, "[The] staff are good and friendly, they help me." Another said, "I like the staff, I like [staff member name]."
- New staff received an induction to ensure they had the required skills and competence to meet people's needs. Where required, staff new to care were able to complete the Care Certificate to understand the national minimum standards.
- Staff we spoke with were positive about training. One staff member told us, "I get regular updates and get sent emails if [training] due, it's enough to do the job, I've had dementia training."
- The training record we reviewed showed staff received continual training in subjects to meet the needs of the people they supported. This included training around subjects such as equality and diversity and supporting people with mental health needs.
- Staff were supported in their work. Staff received supervision where they discussed their performance with the registered manager and staff also received an annual performance appraisal.

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

- People told us they were involved in choosing their meals and food that met their preferences.
- People were positive about the food. One person we spoke with told us, "[I am] happy with food, I choose yes." Another told us, "Food is good, sometimes I help staff to cook."
- At the time of our inspection there were no people requiring specialist nutritional support or at risk of malnutrition or obesity.
- Records evidenced that people's weights were monitored more frequently if there was an identified concern.

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

- People had their own bedrooms which were personalised to their preferences.

- There were communal areas within the service that people could use, for example a lounge and dining area and a kitchen. The service had an external garden area that some people accessed during the inspection.

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

- People confirmed they were supported by staff to access healthcare services. One person told us, "Staff get the doctor if I'm unwell."
- A healthcare professional we spoke with told us the service communicated well with them and said the service was, "Very responsive to people's needs."
- Records showed people accessed the dentist, GP, had support from the mental health team and attended hospital appointments where required.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We observed people were consulted prior to any support interventions. No concerns were raised by people that care was not provided in line with their wishes or preferences.
- People had the capacity to make most of their decisions. Where it was thought they may not, capacity assessments were completed. We discussed where additional clarity and detail was required in relation to some capacity assessments with the registered manager. This was addressed promptly, and new records were created.
- At the time of our inspection, two people living in the service were subject to an authorised DoLS. Where required, systems were in place to comply with conditions on the DoLS authorisations.

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. 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

- People told us they liked the staff and the staff treated them with respect. Comments from people included, "Staff are good and friendly", "[The] staff are nice and friendly, I can speak to staff they listen."
- Staff were positive about the people they supported and how they wanted to achieve positive outcomes. One staff member told us, "[Our aim is to] make sure they are safe, live their life to the full and make sure they are happy, and their needs are met."
- We reviewed survey results from people's relatives or representatives that were mainly positive. No reviews had been left by any person on a national website to date.
- The registered manager had maintained a log of verbal compliments received from people at the service or third parties. Compliments recorded included the nice atmosphere of the service and the detail within care plans.

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

- People told us they felt listened to and were involved with decisions about their care. People told us they chose what to do and staff respected this. One person told us, "I can decide what to do."
- Some people we spoke with gave examples of how staff supported them to purchase clothing in the local town. Others we spoke with told how they could go out into the community independently whenever they wished which we observed at the inspection.
- Throughout the inspection we observed people making decisions about their day to day lives. Staff offered choices to people to support their independence.

Respecting and promoting people's privacy, dignity and independence

- All of the people we spoke with told us staff respected their privacy and knocked on their bedroom doors before entering.
- All of the interactions we observed throughout the inspection between people and staff were dignified and respectful.
- Some people we spoke with told us they liked to spend time independently in their room and that staff respected this. One person commented positively that staff knew them well and they felt listened to.
- Records within the service were stored in a manner that ensured people's confidentiality was maintained.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People received personalised care and support that was responsive to their needs and preferences. People were positive about the care they received.
- Care plans were person centred, individualised and relevant to the person. Staff we spoke with knew the people they supported well.
- Records evidenced people's care plans were reviewed periodically or when there was a change in need.

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.

- People's individual communication needs were assessed and recorded in care plans.
- Staff gave examples of how they met people's communication needs. Where people communicated using a specialist method, some staff at the service had received training to aid communication.
- Staff knew people well and responded to their individual communication needs.

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

- People were supported to attend their chosen activities and hobbies. Some people in the service were fully independent in their daily lives and did not require support from the service.
- The registered manager told us how the staff supported people to attend local clubs. People had access to the local town either independently or with the support of staff. One person in the service had attended sensory coffee mornings and others attended a local YMCA centre.
- Activities were arranged both within the house and in the wider community. Staff commented how some people were reluctant to join in, but they respected that. One staff member commented that within the service, activities such as baking cakes, playing cards and games, art or manicures were normal.

Improving care quality in response to complaints or concerns

- People told us they would feel comfortable raising a concern at the service or if they felt worried about something. One person said, "I would to go [registered manager]." Another said, "If I was unhappy would go to the office, [registered manager] is the manager she is a good manager."
- There was a complaints policy and procedure on display within the service detailing how complaints would be responded to. This was also available in an easy to read format for people.

- There had been no formal complaints raised in the past year.

End of life care and support

- People's end of life wishes were discussed and recorded if people chose to have this discussion with staff.
- People's care records included Treatment Escalation Plans where required. These covered areas such as escalation planning at end of life and information about resuscitation decisions.
- There was no one receiving end of life care at the time of the inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. The service was consistently well-led. Leaders and the culture promoted high-quality, person-centred care.

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

- People knew who the registered manager was. We received positive comments from people about the registered manager and all told us they would feel comfortable approaching them for support if needed.
- The registered manager was committed to providing person-centred care and increasing the independence of the people being supported by the service.
- Staff told us they were committed to providing person-centred care and aimed for the best outcomes for people. There was a positive and person-centred culture instilled in the service.
- Staff told us the registered manager listened to them and all of the staff were positive about their employment. One member of staff commented, "[Registered manager] is very supportive and treats me with respect. She is very approachable and motivates staff."
- All of the staff we contacted as part of the inspection process told us that morale within the service was very good and all said they would be happy to recommend Orchard House to a relative or person they knew.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour.

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

- There were systems in place to monitor the standard of care provided at the service. Surveys were completed annually by people living at the service, their relatives and representatives and staff. The surveys in 2019 evidenced positive feedback.
- The registered manager had a range of audits in place to monitor the service. These included medicines, infection control, health and safety, care plans and finances. The audit findings were communicated to the provider.
- Staff we spoke with were committed to their role and understood their responsibilities. There was a clear management and senior structure in place.
- The Care Quality Commission (CQC) had been notified by the provider and registered manager of all incidents which had occurred in line with their legal responsibilities.
- The latest performance rating for the service was clearly displayed within the service and on the providers

website.

- The registered manager received ongoing support and direction from the provider through supervision and appraisal.

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

- People were engaged and involved in the service. People were involved in choices about their daily lives and were encouraged to express themselves as individuals.
- People confirmed resident's meetings were held to discuss items relating to the home. We saw supporting minutes that showed matters such as activities, home living and meals were discussed.
- Whilst no formal staff meetings were held, staff told us communication was good. There was a very small team of regular staff employed at the service which promoted continuity.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, a range of health professionals.
- The registered manager had built links with the local community. For example, with the local church and some people attended the local YMCA centre for social activities and events. Feedback from people in the community who engaged with the service was positive.
- The service maintained a record of accidents and incidents showing the details, action taken and outcomes. This supported any future learning from such events.
- The registered manager was a member of the Surrey Care Association. They attended conferences and other events as part of a continual development process for the service.