

## Orchard Court Leicester Limited

# Orchard Court

### Inspection report

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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?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Orchard Court is a residential care home providing personal care to adults with learning disabilities or autism. The home can support up to 20 people and at the time of inspection, the home was full. The home has three separate wings, each of which has separate adapted facilities.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 20 people. This is larger than current best practice guidance for learning disability services. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Improvements were required to ensure that people received good communication which supported person centred care. We saw staff carried out care tasks without always discussing this with the person first.

People received safe care, and staff understood safeguarding procedures and how to raise concerns. Risk assessments were in place to manage risks within people's lives, and staff we spoke with felt safe supporting people with a wide range of needs.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

Medicines were stored and administered safely, and records showed that they were administered correctly.

Staffing support matched the level of assessed needs within the service during our inspection, and staff were trained to support people effectively.

People were supported to eat meals they enjoyed.

Healthcare needs were met, and people had access to health professionals as required. Care plans outlined any support people required to manage their healthcare needs.

People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives. Staff treated people with kindness, dignity and respect and spent time getting to know them. People were supported in the least restrictive way possible.

Care plans reflected people's likes, dislikes and preferences. An activities programme was in place, and people were supported to pursue activities they enjoyed with staff support.

A complaints system was in place and used effectively.

The registered manager was keen to ensure people received good care and support and listened to feedback when provided.

Comprehensive investigations took place into accidents, incidents and any events that could be learnt from. Learning was shared with the team and improvements were made when required.

The service applied the majority of 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. Further improvements would include ensuring people are always given choices over all aspects of their care, including improved communication.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Inadequate (published 25 May 2018). Since this rating was awarded the previous registered provider cancelled their registration and a new registered provider, Orchard Court Leicester Limited, now runs this service. This was the first inspection since the new provider had taken over on 01/08/2018.

#### Why we inspected

This was a planned inspection based on the date of registration.

#### 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?

Requires Improvement ●

The service was not always 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 Court

## 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.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 and observed the care of ten people who used the service. We spoke with two relatives, six members of care staff, the chef, the deputy manager, the registered manager and a representative of the

provider.

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

After the inspection

The registered manager provided additional evidence which showed the action that had been taken following the inspection.

# 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 for 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

- Staff had completed safeguarding training and knew what signs to look for to keep people safe from harm or abuse. Staff told us they knew how to report any concerns and were confident these would be properly dealt with by the registered manager.
- The service had safeguarding and whistleblowing policies to ensure staff followed the correct procedure if they had concerns. Information was prominently displayed for people and staff to refer to for guidance at any time.
- Safeguarding alerts had been raised appropriately and clear records were maintained.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. Staff were kept up to date with changes in people's care and felt knowledgeable about people's risks.
- Staff promoted independence and encouraged people to seek support when required. One person told us, "They [the staff] help me straight away if I need help or get hurt but I can do most things myself."

Staffing and recruitment

- Safe recruitment practices were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.
- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There were enough staff deployed to provide people with their individual care.

Using medicines safely

- People had their medicines securely stored in their bedrooms and staff supported people to take them safely.
- Staff received training in the safe management of medicines and their competencies had been checked.
- There were recording systems in place which clearly showed what people's medicines were for, what the side effects were, and when people had taken their medicines.

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention and control.

- Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as aprons for food preparation.
- Shared spaces, furnishings and equipment were clean. The home had housekeeping staff and care staff also supported people with daily living tasks to help maintain a hygienic environment.

#### Learning lessons when things go wrong

- The registered manager took a detailed approach to learning from incidents.
- Comprehensive investigations were completed, and learning was shared with staff to help prevent further incidents.



# 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.

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

- People's care and support needs had been assessed before they moved into Orchard Court. This was to make sure those needs could be met effectively, and staff had a prior understanding of people's needs and preferences.
- Assessments and the care plans developed from them considered all aspects of a person's needs including protected characteristics such as lifestyle choices, cultural needs and religion.
- Staff involved people, their relatives and a number of other professionals involved in the person's care to help provide a comprehensive and holistic assessment of each person's care needs.

Staff support: induction, training, skills and experience

- New staff received an induction which provided a good foundation of knowledge and understanding of the organisation and their roles. This included shadowing experienced staff to get to know people they would be caring for.
- Staff received additional training to meet specific needs, for example staff completed training relating understanding learning disabilities and autism. One member of staff said, "We have lots of training, we regularly have to refresh it."
- Staff received supervision however the regularity of this varied. Staff told us the registered manager was very supportive and they were aware they could ask for supervision meetings if they wished.
- Following the inspection, the registered manager scheduled staff supervision meetings with each member of staff and committed to ensuring these were completed on a regular basis.

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

- People were given adequate support to eat their meals.
- People were involved in making choices about their meals and staff supported them to have meals they enjoyed.
- Following the inspection, the registered manager made a commitment to utilising a pictorial communication aid to further support people to make their own choices.

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

- The service worked well with other agencies to provide consistent care. This was particularly crucial during assessment and early admission periods to ensure they had a cohesive handover and comprehensive understanding of the person's needs.
- In addition, when necessary, regular meetings with partner agencies were held to consider the

effectiveness of the care and support of staff at Orchard Court.

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

- The home did not meet the best practice principles of Registering the Right Support, which suggests that learning disability services should usually accommodate six people or less. However, the home was split into three separate areas, and each area accommodated a maximum of seven people.
- Each unit within the home had its own communal areas and smaller kitchen facilities with one larger kitchen in the main area of the building preparing people's main meals.

The home had signage throughout and people were encouraged to become as independent as they were able by utilising their own facilities in the unit such as the kitchen and laundry room.

- People were able to decorate their bedrooms individually and with all their personal belongings around them. One person said, "I like having all my things here. I like looking at them."

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

- People had the support of healthcare professionals when they needed it. People were able to visit healthcare professionals with staff when required and felt reassured by this.
- People had healthcare passports which contained essential information if people required immediate medical help. This enabled other professionals an insight into people's healthcare backgrounds, allergies and previous treatments.

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 checked whether the service was working within the principles of the MCA and found that they were.
- Care plans had been developed with people's involvement and staff asked people for their consent before they provided any care.
- When people did not have capacity to make their own decisions, and a DoLS was required, this had been requested and authorised. Staff worked within the parameters of people's DoLS and promoted people to have as much independence and freedom as possible.

# 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 Requires Improvement. This meant people did not always feel well-supported, cared for or given person centred care and support.

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

- Improvements were required to ensure that people were involved in decisions about their care. We saw several staff carry out tasks without talking to people first.
- For example, at lunch time, there was no communication with one person to support them with their meal, and there was no communication with another person who had scratched their arm to help them clean it. We saw another example of the providers representative tell staff that one person's relatives had arrived. They failed to discuss this with the person or involve them about any decisions regarding if, when or where they would like to spend time with their relatives and the person was pushed in their wheelchair without any communication.
- There were examples throughout the inspection when staff did involve people and give them choices however this was an area that required improvement throughout the home.

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

- People were treated well, and staff were kind hearted.
- People's care plans contained information about their equality characteristics and preferences. Staff respected each person's diverse needs and ensured people were treated in a respectful manner.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was maintained. Staff supported people with clothing that they preferred to wear and gave them self-respect.
- People were encouraged to maintain their independence. One person told us they had their own key to their bedroom which they could use to help maintain their independence and privacy, without relying on staff.
- People were able to access advocacy services when necessary, for example if making difficult or complex decisions.

# 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

- People had care plans in place which reflected their care needs, likes and preferences.
- Care plans were reviewed and updated, and when reviews had been delayed, plans were in place to ensure they would be updated in a timely manner.
- People's care was personalised to meet their preferences, including the time they woke up or went to bed.

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.

- During the assessment process people's communication needs were assessed and discussed and a care plan was completed which supported people's requirements.
- People were supported to access information in a format they could understand. The service had a number of documents available in pictorial format including a service user guide and complaints procedures.

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 maintain relationships with people that were important to them. Family and friends were able to visit people at their home and spend time together as they wished.
- People were supported to pursue activities they enjoyed. This included activities inside and outside the home within their local community for example, home baking and games of bingo.

Improving care quality in response to complaints or concerns

- People and their relatives were able to raise complaints and concerns and were provided with information they could understand about how they could do so.
- Staff had regular meetings with people to give them frequent opportunities to provide feedback on an informal basis.
- Complaints were investigated and responded to appropriately.

End of life care and support

- Systems were in place for people to express their end of life care wishes.

- People had care plans in place which recorded their wishes in the event of a potential sudden death.

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

- The registered manager was keen to learn about how to improve the service and ensure people received good quality care.
- Quality assurance systems were in place which audited the service and identified if best practice had been followed. For example, comprehensive audits of incidents of behaviour that may harm people or others was reviewed and effective action taken to prevent similar incidents from occurring.
- We received feedback from people and relatives that the management team spent significant periods of time in the office and they would enjoy seeing them more often throughout the home. The registered manager acknowledged this feedback at the end of the inspection and committed to spending more time with people who lived in the home.

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 maintained records of accidents and incidents and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The registered manager understood information sharing requirements. We saw that information was correctly shared with other agencies, for example, when the service had identified concerns, and the registered manager sent us notifications about events which they were required to do by law.

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

- People were allocated one particular member of staff as their key worker. This is a role that enables people to build relationships and support them to express their views and ensure their care is as they prefer it.
- People were invited to attend regular meetings about the service and express their views.

Continuous learning and improving care

- People, family, staff and professionals were asked to complete annual surveys about the quality of care within the home.
- The registered manager acted on feedback and shared learning with the staffing team to help improve the care people received.

#### Working in partnership with others

- Following a change of ownership, the registered manager and provider had worked well with other agencies including the local authority quality team.
- Staff worked well with other professionals and followed advice they were given. We saw positive feedback from professionals which commented on staff working with them to provide optimum care for people.