

Orchard Leigh Camphill Community

Orchard Leigh

Inspection report

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16 June 2016

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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

The inspection took place on 14, 15 and 16 June 2016. This was an unannounced inspection. The service was last inspected in September 2013. There were no breaches of regulations at that time.

Orchard Leigh is part of the Camphill Community and provides a supported living service for up to 19 people across three houses. People are supported in one of a number of houses that form the community. Camphill is an international charity of communities in which disabled people can live and work. At the time of our inspection, there were 18 people living at Orchard Leigh.

There was no registered manager at the service at the time of our inspection. The manager of the service had applied to the Care Quality Commission to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment to support people. Staff had a good awareness of safeguarding policies and procedures and felt confident to raise any issues of concerns with the management team.

People were receiving effective care and support. Staff received appropriate training which was relevant to their role. Staff received regular supervisions and appraisals. Where required, the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The service was caring. People and their relatives spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and were observed providing care which promoted this.

The service was responsive. Care plans were detailed; person centred and gave sufficient detail to provide safe, high quality care to people. Care plans were reviewed regularly and people were involved in the planning of their care. There was a robust complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

The service was well-led. Quality assurance checks and audits were occurring regularly and identified actions required to improve the service. Staff, people and their relatives spoke positively about management.

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.

Medicine administration, recording and storage was safe

Risk assessments had been completed to reflect current risk to people.

People were protected from the risk of abuse. Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had any concerns.

Staffing levels were sufficient.

Is the service effective?

Good ●

The service was effective

Staff received appropriate training and ongoing support through regular meetings on a one to one basis with a senior manager.

People were encouraged to make day to day decisions about their life. For more complex decisions and where people did not have the capacity to consent, the staff had acted in accordance with legal requirements.

People and relevant professionals were involved in planning their nutritional needs.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and dignity.

People were supported to maintain relationships with their families.

People had privacy when they wanted to be alone.

Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in the planning of their care and support.

Each person had their own detailed care plan.

The staff worked with people, relatives and other services to recognise and respond to people's needs.

The service had a robust complaints procedure.

Is the service well-led?

Good ●

The service was well-led

Regular audits of the service were being undertaken.

The registered manager and senior staff were approachable.

Quality and safety monitoring systems were in place.

Orchard Leigh

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which was completed on 14, 15 and 16 June 2016. The inspection was completed by one adult social care inspector. The previous inspection was completed in September 2013. There were no breaches of regulation.

We contacted five health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local authority and the GP practice.

During the inspection we looked at six people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We spoke with five members of staff and the manager of the service. We spent time observing people and spoke with six people living at Orchard Leigh. We spoke with four relatives to obtain their views about the service.

Is the service safe?

Our findings

People told us they felt safe living at Orchard Leigh. People used comments such as, "I feel safe here", "All of the staff are good" and, "The staff are caring". We observed people were relaxed when in staff company. This demonstrated people felt secure in their surroundings and with the staff that supported them. We saw staff working at the pace of the people they were supporting and not rushing them to ensure safe care was being provided. Relatives told us they felt their relative was safe and comfortable at Orchard Leigh and had good relationships with the staff.

Medicines policies and procedures were available to ensure medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency re-checked annually to ensure they were aware of their responsibilities and understood their role. Clear records of medicines entering and leaving the home were maintained. In order to minimise the risk of future medication errors, the service had implemented a robust procedure to identify why an error had occurred and what future staff development was required as a result. For example, management and staff were required to complete a form following each individual medication error which details whether policies and procedures were followed, what impact the error had on the person, whether any professional medical advice was sought and what future training was required for staff. The manager informed us they found this useful as it enabled them to track common themes and also ensure they were taking every step to maximise people's safety. The manager also informed us the form ensured a clear and consistent approach was followed even if the manager was absent for any reason.

Risk assessments were present in the care files. These included risks associated with supporting people with personal care, assisting them when they are in the community, moving and handling and risks associated with specific medical conditions. For example, one person was at risk of incontinence. Their risk assessment contained clear information for staff as to how they would manage this when the person was at home or out in the community. Staff were instructed to prompt the person to use the toilet with details on how frequently they should remind this person.

Where people were going out on their own, there were clear guidelines for staff to follow to ensure people's safety. For example, staff were to ensure people were wearing their ID, their mobile phones were topped up, they had a list of emergency contacts and staff had an itinerary of the person's activities.

There were sufficient numbers of staff supporting people living at Orchard Leigh. This was confirmed in conversations with staff and the rotas. The manager told us each manager within the houses operated their own rotas. However, the manager planned on centralising the rotas to ensure staffing resources were maximised. The manager informed us agency staff were used to cover staffing emergencies. In order to ensure staff were suitable, the manager requested copies of their recruitment and training records from the agency prior to agreeing their employment at Orchard Leigh. When a new agency member of staff arrived at Orchard Leigh, they would receive an induction from the manager before they started working with people. The manager informed us all agency staff would be required to work with a permanent member of staff.

Relatives commented on how they felt the home was sufficiently staffed. One relative commented "There are always enough staff on duty". The manager informed us an 'On call system' was operated and the manager and senior staff were available to support out of hours in the case of an emergency. Staff informed us they felt there was a quick response to any call for support and found the manager and senior staff always willing to support.

The manager understood their responsibility to ensure suitable staff were employed. We looked at the recruitment records of a sample of staff employed at the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character.

The manager informed us how they involved people living at the home in the staff interview process. The manager stated, "This is very important to us as the people living here will be the most impacted by the quality of the staff recruited". Staff informed us how they would spend time with people prior to the interview to plan what questions they would be asking candidates. People we spoke with said they felt their opinions were taken into account during the recruitment process and this reassured them the staff being recruited were of a high standard.

The service had a staff disciplinary procedure in place. This shows the service had the relevant procedures in place to manage disciplinary issues with staff to ensure people using the service were kept safe.

The provider had implemented a robust safeguarding procedure. Staff were aware of their roles and responsibilities when identifying and raising safeguarding concerns. The staff felt confident to report safeguarding concerns to the registered manager or team leaders. Safeguarding procedures for staff to follow with contact information for the local authority safeguarding teams was available. All staff had received training in safeguarding. Safeguarding issues had been managed appropriately and risk assessments and care plans were updated to minimise the risk of repeat events occurring. In order to ensure staff maintained a good knowledge of safeguarding procedures, the manager informed us each member of staff would have one additional supervision sessions per year which was specifically themed around safeguarding. The manager informed us they also used team meetings following specific safeguarding incidents to develop team wide learning. Staff informed us they found the additional supervision sessions and team meeting to be beneficial as it continually reinforced their knowledge, kept them up to date with current practice and also ensured they were continually providing a safe service.

Health and safety checks were carried out regularly. We observed staff wearing gloves and aprons when supporting people with their care. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment by external contractors such as the fire system. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). There were policies and procedures in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in emergencies.

Staff told us there was a quick response to maintenance and repairs. Records were kept of all issues requiring work. When looking at the reports there was evidence of prompt responses to maintenance requests.

The premises were clean and tidy and free from odour, cleaning was the responsibility of all staff during their shifts. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The staff we spoke with demonstrated a good understanding of infection control procedures. For example, different mops were used for different cleaning activities and all cleaning chemicals were kept in a locked room to minimise the risk of people coming into contact with them. The relatives we spoke with told us the home was clean.

Is the service effective?

Our findings

Staff received regular supervision. These were recorded and kept in staff files. The staff we spoke with told us they felt well supported and felt they could discuss any issues with the registered manager who was always available. Staff told us they felt they did not have to wait for their supervision to discuss any issues with the registered manager or team leaders. There was evidence staff received annual appraisals. The manager informed us how they had implemented a '360 degree' appraisal system. The manager explained they would request feedback from people living at Orchard Leigh and their relative prior to the appraisal. This would then be used during the appraisal to gauge staff performance and identify developmental needs. The manager informed us this was important to them as people using the service were directly affected by staff performance.

Staff had completed an induction when they first started working in the home. This was a mixture of shadowing more experienced staff and training. These shifts allowed a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them.

Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed staff had received training in core areas such as safeguarding adults, person centred care, health and safety, first aid, food hygiene and fire safety. Staff confirmed their attendance at training sessions. The manager informed us staff had access to e-learning.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Everyone living at Orchard Leigh had assessments regarding their capacity to make decisions and where DoLS applications were required, these were made. The manager and staff in the home demonstrated a clear understanding of the DoLS procedures.

The manager informed us each member of staff would have an additional supervision meeting annually which was specifically focussed around the MCA and DoLS. MCA and DoLS would also be discussed regularly at team meetings to further develop staff learning. When speaking with staff, it was evident they had a strong understanding of the MCA and DoLS.

The manager informed us they had developed an MCA toolkit in partnership with South Gloucestershire, Surrey and Cambridge Councils. This pack contained blank copies of mental capacity assessments, best interests documentation and guidance for staff. The toolkit used a five finger approach to ensure each member of staff was fully aware of the principles of the MCA. Staff informed us how each finger represented one of the five principles of the MCA. Staff felt the tool kits were very useful when they were assessing people's level of capacity.

It was evident from talking with staff, our observations and care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. For example, we observed a staff member talking with one person about what they would like to do that afternoon. From our observations and discussions with staff it was evident they knew the needs and preferences of the people using the service. When speaking with staff regarding the people in the home, we were given detailed accounts of people's daily routine as well as their likes and dislikes.

The manager informed us people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. Relatives we spoke with informed us they were consulted in relation to the care planning of people using the service.

The manager informed us they used evidence from health and social care professionals involved in people's care to plan care effectively. This was evidenced in the care files. For example, one person was supported by an occupational therapist to assess and maximise their kitchen skills. This was documented in their care file.

Care records included information about any special arrangements for meal times and dietary needs. Menus seen showed people were offered a varied and nutritious diet. Each house operated their own menu and each person in the house was allocated a day where they chose the meals for the day. People were encouraged to take part in meal preparation and would be supported by staff. We observed one person being supported to prepare vegetables for lunch on the day of the inspection.

Meals were flexible and if people wanted something different to what was on the menu they could choose this. One person we spoke with stated, "The food is good". One relative told us, "The food is of good quality and there is always enough to eat". Individual records were maintained in relation to food intake so that people could be monitored appropriately. These were also shared with relevant health professionals where required.

People had access to a GP, dentist and other health professionals. The outcome from these appointments were recorded and were also reflected within the people's care files.

Each bedroom was decorated to individual preferences and the manager informed us people had choice as to how they wanted to decorate their room. People and their relatives confirmed they were able to choose how their rooms were decorated.

There was parking available to visitors and staff at Orchard Leigh, there was sufficient secure garden space at all of the properties which people could access if they wanted to.

Is the service caring?

Our findings

We observed positive staff interactions and people were engaged. We saw examples of this throughout the inspection, where staff were present in communal areas and engaging with people. For example, we observed one member of staff sitting with a person and planning what they would be baking the following day.

There was a genuine sense of fondness and respect between the staff and people. People appeared happy and relaxed in staff company. Staff appeared caring and attentive and helped people at their own pace, ensuring they were not rushed. People were given the information and explanations they needed, at the time they needed them. We heard staff clearly explaining and asking permission before they assisted people. People told us they felt staff were caring. Relatives we spoke with informed us the staff showed a high level of compassion towards the people they supported.

Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and staff were able to communicate well with people. Staff evidently knew people well and had built positive relationships. Family members we spoke with felt the staff knew their relative's needs well and were able to respond accordingly. Relatives told us they were able to visit when they wanted to.

Staff treated people with understanding, kindness, respect and dignity. For example, Staff were observed providing personal care behind closed bedroom or bathroom doors. When speaking to staff, they were clear in their understanding of privacy and informed us they always knock and seek permission before entering a person's room. Staff also informed us they ensured doors were closed when providing personal care. This demonstrated staff were conscious of maintaining people's privacy and dignity.

People looked well cared for and their preferences in relation to support with personal care was clearly recorded. Relatives we spoke with provided positive feedback about the staff team and their ability to care and support people. Words such as, "Brilliant", "Fantastic", "Caring" and, "Compassionate," were used by relatives to describe the staff.

We observed positive staff interactions and people were engaged. Examples of this were observed throughout the inspection where staff were present in communal areas and engaging with people. For example, one person wanted to sit in the office and speak with the admin staff. We observed staff taking time out of what they were doing and spend some time with this person.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us they were able to visit when they wanted to. One relative stated, 'There have never been any restrictions on visiting'.

The service had implemented end of life care planning and these clearly documented people's preferences. It was evident people were involved when developing these plans.

Is the service responsive?

Our findings

The service was responsive to people's needs. Each person had a care plan and a structure to record and review information. The support plans detailed individual needs and how staff were to support people.

Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. The daily notes contained information such as what activities people had engaged in, their nutritional intake so that the staff working the next shift were well prepared.

Changes to people's needs were identified promptly and were reviewed with the person, their relatives and the involvement of other health and social care professionals where required. Each person's care file was reviewed at least annually and more frequently if any changes to their health were identified. Relatives informed us they were invited to participate in reviews and felt their opinions were taken into account and reflected well in the care files. Staff also informed us they used monthly staff meeting to discuss the needs of people to ensure any changes to people's needs were known to the whole staffing team.

We observed staff supporting and responding to people's needs throughout the day. People were observed spending time with staff. The people we spoke with indicated that they were happy living in the home and with the staff who supported them. Staff were observed spending time with people, engaging in conversations and ensuring people were comfortable.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. When speaking with staff, they were clear as to what documents and information needed to be shared with hospital staff.

The manager informed us people and their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving to Orchard Leigh. The provider also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care files in relation to their day to day care needs.

The manager informed us weekly meetings took place in each house to enable people to express their views and wishes regarding the service they received. One person informed us how they had requested a new cooker in one of the houses and this was promptly actioned.

In addition to these meetings, weekly community meetings were held where everyone would attend. The manager informed us the agenda was set by the people at Orchard Leigh. The manager informed us the meetings were chaired by the residents and people took on specific roles for the meetings. For example, one person would provide a weekly weather forecast whereas another person would provide a weekly roundup

of sporting events. The people we spoke with said they looked forwards to these meetings and felt it was a vital part of their weekly routine.

People were supported on a regular basis to participate in meaningful activities. Each person had their own activities timetable detailing what they were doing during the week. Activities included swimming, disco, woodwork, baking and knitting. In addition to activities outside of the home, we observed staff sitting with people and engaging with them when they were back at the home. One family member stated regarding their relative, "X (name of person) has lots to do and leads a very active life".

People's preferences in relation to their activities were taken into account. For example, one person enjoyed flying and aircraft. This person was supported to engage in a work experience programme at the jet museum.

Relatives said activities were suitable for people and there were sufficient activities taking place. Relatives felt people had a choice of activities and were able to do the things they enjoyed.

Complaints and compliments were managed well. There was a complaints policy in place which detailed a robust procedure for managing complaints. Where complaints had been made, there was evidence these had been managed effectively. Formal feedback was provided to the manager complimenting the care provided. One person stated, "X (person living at the home) was full of compliments about Y (member of staff) and asked when they would next be on shift". Another relative had stated, "X (person living at the home) is supported by the staff to make delicious meals. I really enjoy them".

Is the service well-led?

Our findings

There was a new manager working at the service. At the time of the inspection, this person had been in post for four months. Staff spoke positively about the manager and felt the service was well-led. Staff told us they felt they could discuss any concerns they had with the manager. Staff informed us there was an open culture within the home and the manager listened to them. Staff informed us they used team meetings to raise issues and make suggestions relating to the day to day practice within the service. The manager and senior staff stated they felt team meetings were important as they allowed the staff team to identify good practice as well as areas for improvement. The manager informed us staff meetings occurred monthly but the manager wanted to have more frequent meetings on a weekly basis.

The staff described the manager and team leaders as being 'very hands on'. We observed this during the inspection when the manager and team leaders attended to matters of care throughout the day. Staff told us if there were any staffing issues, the manager would support the care staff in their daily tasks. Relatives of people living at the home supported this stating they felt the manager was involved in day to day matters at the service. Staff we spoke with told us they felt morale amongst staff was good and this was down to good leadership from the management team.

Regular audits of the service were taking place in both services. Where issues had been identified they had been actioned. For example, one audit had recognised people had limited knowledge of where first aid kits were kept. Staff were prompted to raise awareness of this with people. This was also followed up in the house meetings with people to ensure they were aware of where the first aid kits were kept.

Annual surveys were sent out to people and their relatives. The feedback from these was positive and where people had made recommendations, there was evidence these had been implemented. For example, relatives had commented they did not know much about the activities occurring at Orchard Leigh. Following on from this, the management distributed a monthly newsletter developed by staff and the people using the service. Feedback on the newsletter had been positive. One person stated, "Many thanks for your really good newsletter". Another person stated, "Many thanks for the Orchard Leigh newsletter Issue 5. I really enjoyed reading the newsletter".

The manager informed us they were installing suggestion boxes around the houses to enable people to make suggestions as to how the service could be improved. We were shown evidence saying this had been implemented following feedback from the questionnaires sent out to people.

We discussed the value base of the service with the manager and staff. It was clear there was a strong value base around providing person centred care to people using the service. Staff were clear that Orchard Leigh was the home of the people living there and they should be at the centre of everything.

The manager had a clear contingency plan to manage the service in their absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people.

From looking at the accident and incident reports, we found the manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.