

Care Management Group Limited

Little Orchard

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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Little Orchard is a residential care home providing personal care to people with learning disabilities and/or autism. The service can support up to six people. At the time of the inspection five people were living at the home.

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 and what we found

People at Little Orchard were living with a learning disability or autism, which affected their ability to make decisions about their care and support. Where people were not able to give consent the service delivered care in the person's best interest. However, mental capacity assessments and best interest paperwork was not in place for people. This was discussed with the area manager who addressed this and showed us improvements on day two.

Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards inclusion and enabling people to learn essential life skills. Equality, Diversity and Human Rights were promoted and understood by staff.

People told us they were happy and felt safe. Relatives said that staff had a good understanding of their loved one's needs and preferences. Risks had been identified and measures put in place to keep people safe from harm. Medicines were managed safely and administered by trained staff.

People, professionals and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging.

People received pre-admission assessments and effective person-centred support. The service was responsive to people's current and changing needs. Regular reviews took place which ensured people were at the centre of their support.

Care plans were personalised and updated. Staff listened to what people wanted and acted quickly to support them. Staff looked to offer people solutions to aid their independence and develop their skills.

Leadership was visible and promoted good teamwork. People, relatives, professionals and staff spoke highly about the management and staff had a clear understanding of their roles and responsibilities.

Checks of safety and quality were made to ensure people were protected. Work to continuously improve the service was noted and the management team were keen to make changes that would impact positively on people's lives.

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.

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 2 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Little Orchard

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

Little Orchard 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 was an unannounced inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with one person who used the service and one relative. We met with the area manager, a supporting manager and five support workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including health and safety and quality audits.

We walked around the home and observed care practice and interactions between support staff and people.

After the inspection

We looked at quality improvement plans and policies.

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People, relatives, and staff were confident people were safe. Comments included; "Nice staff, happy here" and "[Name] is safe here. The home is safe and there is a nice community".
- Staff could tell us signs of abuse and who they would report concerns to both internal and external to the home.
- There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning.
- Lessons were learnt when things went wrong. For example, following a safeguarding incident measures had been taken to reduce the risk of reoccurrence. Measures included stricter controls around recording monies. Staff told us the home was always open to learning and improving their systems.
- Relatives, and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.
- The management team responded appropriately when accidents or incidents occurred. There was an effective system in place which meant these were reviewed, analysed and used as a learning opportunity.

Assessing risk, safety monitoring and management;

- Risk assessments were in place which gave clear measures for staff to follow to reduce the risk of harm. Assessments covered areas such as; epilepsy, choking, PEG feeding and accessing the community. PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. A staff member told us, "Risk assessments keep people safe, these are important and we all sign to say we have read and understood them".
- Regular fire and health and safety checks were completed by the staff and registered manager. These were up to date and accurate.
- Annual safety checks were completed by external professionals such as gas safety and portable appliances. On day one of the inspection we observed hoists and profile beds being serviced by an external contractor.
- People had Personal Emergency Evacuation Plans which guided staff on how to help people to safety in an emergency.

Staffing and recruitment;

- There were enough staff on duty to meet people's needs. A staff member commented, "I think there are enough staff. People get to do a lot and needs are met".
- We were told that the registered manager monitored the amount of staff needed based on people's needs and their activities and appointments. Additional staff were used where necessary and shifts were flexible.
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated people employed were safe to work with vulnerable adults, had satisfactory skills and the knowledge

needed to care for people.

Using medicines safely

- The service had implemented safe systems and processes which meant people received their medicines in line with best practice.
- Medicine administration records were completed and audited appropriately.
- The service had safe arrangements for the ordering and disposal of medicines. On day two we observed the area manager checking and signing in medicines in the registered managers absence.
- Medicines were stored securely. Daily temperature checks were completed, and records were up to date.
- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.
- Where people were prescribed medicines that they only needed to take occasionally (typically referred to as PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

- The inside of the home was visibly clean and odour free. People were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.
- There was an infection control policy and cleaning schedule to ensure that risks to people, staff and visitors from infection were minimised. Staff had received infection control training and understood their responsibilities in this area.
- There were hand washing facilities throughout the home and staff had access to personal protective equipment (PPE) such as disposable gloves and aprons.

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. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- People at Little Orchard were living with a learning disability or autism, which affected their ability to make decisions about their care and support.
- The service was providing support to people in consultation with others and in people's best interests. However, Mental capacity assessments and best interest paperwork were not in place for people who required them. We discussed this with the area manager who told us they would address this as a priority.
- On day two the area manager had started working with people to complete the capacity assessments and paperwork for those who required them.
- Staff showed a good understanding of the MCA and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- One person had an authorised DoLS in place and four further applications had been made to the relevant local authorities. No conditions were attached to the authorised DoLS.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People had their needs assessed before they moved into the home. These assessments formed the basis of their care plans. The registered manager told us they went to see each person before they moved into the home.
- People's outcomes were identified and guidance on how staff met them was recorded. Staff knowledge and records demonstrated plans had been created using evidence-based practices.

- Assessments had been completed in line with current legislation, standards and good practice guidance.

Staff support: induction, training, skills and experience

- Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "There are good training opportunities here. It's a mix of face to face and e-learning. I'm looking forward to my autism training".
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- New staff were complimentary about the induction process. One new staff member told us, "Induction was fine. Really relaxed. An easy process which was well led. I got to know people, completed e-learning and did a several shadow shifts".
- The area manager told us there were gaps in supervisions for staff and these had now been completed in October and November. They told us regular supervisions were now scheduled in for staff up until March 2020. Staff told us that they felt they could request a meeting with the registered manager at any time.

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

- People told us they enjoyed the food at Little Orchard and some liked cooking and baking. One person told us, "Like food, yes".
- We observed people baking cakes on day two of the inspection. A staff member told us, "I have been baking with people this morning, they have been weighing things and washing up. They love it".
- Staff understood people's dietary needs and ensured that these were met. Where nutritional needs had been assessed clear guidelines were in place and understood by staff.
- People took part in choosing meals. A visual menu was displayed in the kitchen area.
- Staff told us alternative dishes were made available should people prefer something different on the day.

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

- People had access to health care services as and when needed. Health professional visits were recorded in people's health files which detailed the reason for the visit and outcome. Recent health visits included; GP, neurologist and community nurse.
- People received an annual health check as per best practice for people with a learning disability.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals. Documents used included; hospital passports, dental passports and health action plans.

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

- People told us they liked their home and felt comfortable living at Little Orchard. People had the opportunity to choose their room colours and furniture. One person said, "Like it here, nice house".
- Relatives told us that the home felt homely. There was an open plan dining and kitchen area, separate living room and activities area. A sensory corner had been created in the living room which had a curved mirror and light tubes.
- We were told that the home was planning some redecoration and repairs to the ground floor bathroom. The area manager told us that the provider had acknowledged this, was providing resources and the work will be completed within the next month.
- The garden area was in the process of being landscaped. There was level access to and from the garden through large french doors. We looked a photo of people enjoying garden work which included; painting fence posts, planting and mowing the grass.

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 involved as partners in their care.

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

- People and relatives told us staff were kind and caring. A person said, "Like staff. Nice staff yes". A relative said, "Staff are very much kind and caring".
- People's cultural and spiritual needs were respected. For example, one person was regularly supported to attend their chosen place of worship.
- Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.
- Staff were knowledgeable about people's history, family and friends, which meant that staff could have conversations with people about things that were important and of interest to them.
- Staff received training in equality. Staff told us they would care for anyone regardless of their background or beliefs.

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

- People were able to express their needs and choices and staff understood their way of communicating.
- We observed people being supported to make choices and decisions for themselves. Some people chose to use, sign language, eye pointing, photos, facial expression and gestures.
- Staff told us that decision making and offering choices was important. A staff member said, "Each person has the right to make choices and decisions and most people here can make day to day decisions. For example, people chose to make a Victoria sponge cake today. I gave them three options. It's all about understanding people's preferred method of communication and supporting them to choose".
- People and relatives were pleased with the care delivered at Little Orchard. A relative said, "We are very happy with the care and support [name] receives here. Credit to all of the staff".
- Where needed, the home sought external professional help to support decision making for people such as advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately.
- People's right to privacy was supported. A staff member said, "We close doors and curtains during personal care".
- Promoting independence was important to staff who supported people to live fulfilled lives. We observed people being supported to do tasks for themselves. For example, making drinks and baking. A staff member said, "Independence is so important. It's about understanding abilities and not concentrating on people's

disabilities. Supporting people to achieve is the key".

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. 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

- Relatives told us they were involved in the planning and reviews of people's care. A relative said, "We have been involved in planning [name's] care and writing routines. Routines are really important to [name]". The area manager told us that each person had recently had a funding review with their local authority.
- Care plans were personalised and updated in response to people's changing needs. Long- and short-term goals were clear, and achievements captured. Staff told us that care plans were really detailed and useful to deliver good care and support to people.
- People's likes, dislikes and preferences were known and led to the delivery of personalised care. Staff used this information to care for people in the way they wanted.
- Little Orchard responded quickly to people's needs. A relative told us, "When [name] was ill staff were very responsive to their needs. They contacted the correct professionals and provided the correct support whilst keeping us updated".

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 access the community and participate in activities which matched their hobbies and interests. These were reflected in individual support plans.
- During day one of the inspection we observed people being supported to access the community. People were supported to purchase ticket for an upcoming theatre performance and have lunch away from the home.
- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone.
- Staff were creative in their approach when supporting people to make decisions about activities they wished to participate in.
- People were supported to develop and maintain relationships to avoid social isolation. This included contact with those important to them including family, friends and other people living at the home. Relatives told us they were made to feel welcome and could visit when they chose to.

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 communication needs were identified, recorded and highlighted in care plans. People had

profiles in place. These reflected people's needs and were shared appropriately with others, for example, if someone was admitted into hospital.

- People's identified information and communication needs were met.
- Copies of information and procedures were also available in easy read format. For example, safeguarding and complaints.

Improving care quality in response to complaints or concerns

- Little Orchard welcomed complaints. The area manager told us, "These give us an opportunity to learn and develop".
- The service had a complaints procedure in place; this captured the nature of complaints, steps taken to resolve these and the outcome. We found that complaints had been fully investigated, outcomes discussed with the complainant and where necessary improvements made.
- People and relatives told us they knew how to raise concerns and make complaints. A relative said, "I have no complaints. If I had then I'd raise them with the registered manager and feel confident that they would listen and act on them".

End of life care and support

- Since the last inspection one person had passed away. The service had used this as a learning opportunity and provided support to the family and each other.
- The family of the person who had passed away were complimentary about the staff's approach and family members of the former person kept in touch with the service. We read a compliment from the family which read; "Words cannot express how grateful we are for the love and support [name] has received from all the staff. Thank you from the bottom of our hearts to such a wonderful team".
- The service had started to identify end of life wishes and preference with other people at Little Orchard and their families. We noted that some people also had funeral plans in place.
- The area manager and registered manager understood the importance of capturing people's preferences and choices in relation to end of life care because a sudden death may occur.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A new manager had started at Little Orchard. During the inspection the registered manager was on annual leave.
- The area manager, senior support worker and supporting registered manager told us that the registered manager promoted an open, person-centred culture and had a passion for inclusion and making a difference to people.
- Staff, people, relatives and professionals were positive about the management of the home. Comments included; "Know manager, yes nice", "The registered manager is great. Their communication skills are brilliant" and, "The registered manager is fantastic. Nothing is too much trouble for them. They definitely go above and beyond".

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 and area manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

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

- The management team demonstrated a commitment to ensuring the service was safe and of high quality. Regular checks were completed by the registered manager and team leader to make sure people were safe and that they were happy with the service they received.
- Regular areas audited included; care files, health and safety, medicines and infection control. However, the care file audits did not identify the areas found in relation to MCA paperwork during the inspection. The area manager told us they would work with the registered manager and review this audit process.
- The area manager told us that the providers clinical and quality team visit services on a scheduled basis each year. Actions from audits were recorded on a quality improvement plan. We reviewed this and found that actions were actively being completed and reviewed with the registered manager by the area manager.
- The registered manager had ensured they had communicated all relevant incidents to CQC as required by law.
- The management and staff were clear about their roles and responsibilities. Duties were clearly detailed in staff job descriptions which were included in personnel files.

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

- Staff told us they felt supported, valued and listened to by the management team. A staff member told us, "I feel listened to and valued as a staff member. We have good team meetings where staff are encouraged to voice ideas, suggestions and concerns. No one is judged here".
- Regular staff meetings took place which gave staff an opportunity to discuss topics, follow up on actions set in previous meetings and discuss the people they were supporting. Reflective learning took place in these meetings.

Working in partnership with others

- Little Orchard worked in partnership with other agencies to provide good care and treatment to people. For example, training sessions had been arranged with people physiotherapists to show stretching exercises to help people using wheelchairs and support aids in bed.
- Professionals fed back positively about partnership working with the home.
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.
- A friends of Little Orchard group had been created and made up of families and volunteers. This group met regularly and was currently in the process of re-designing the garden for people. The service had received fundraising from a local supermarket which was funding the project.