

Orchard Care Orchard House

Inspection report

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Sheffield
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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 

Overall summary

Orchard House is a registered service providing support to adults with a learning disability and/or adults who experience a mental health problem. The service is situated within a residential area of Sheffield and has good bus service links to the city centre. Elements of the service provision are designed to ensure that people living in the home are supported to be independent.

We carried out a comprehensive inspection of this service on 13 October 2014; the overall rating for the service following that inspection was 'Good'. However we found that people who used the service and others were not protected against the risks associated with the unsafe use

and management of medicines. Also the registered person did not have all the information specified in Schedule 3 of the regulations for people employed for the purposes of carrying on the regulated activity. We undertook this comprehensive inspection on the 19 October 2015 to check that they had followed their plan and to confirm that they now meet legal requirements.

This report covers our findings in relation to the comprehensive inspection on 19 October 2015.

At the time of this inspection there were nine people living in the home.

Summary of findings

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

People told us they felt safe living in Orchard House. Everyone we spoke with told us they were confident that they could tell the staff whatever they needed to if they were worried about anything.

There were procedures to follow if staff had any concerns about the safety of people they supported.

We found systems were in place to make sure people received their medicines safely.

There were sufficient staff with the right skills and competencies to meet the assessed needs of people living in the home.

A varied and nutritious diet was provided to people that took into account dietary needs and preferences so that health was promoted and choices could be respected. People we spoke with told us they enjoyed all of the meals provided at the home.

People's physical and mental health needs were monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

Staff were provided with relevant training to make sure they had the right skills and knowledge for their role. Staff

supervision and appraisal meetings took place on a regular basis to ensure staff were fully supported. Staff told us they could raise any concerns with the registered manager or provider and felt that they were listened to.

We observed people's needs were met by staff that understood how care should be delivered.

We found the home had a friendly relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged them to express how and when they needed support.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves. Staff had a clear understanding of the MCA and DoLS so that they had the knowledge needed for their role and to make sure people's rights were upheld.

We saw people participated in a range of daily activities both in and outside of the home, according to their choice, which were meaningful and promoted independence.

There were systems in place to monitor and improve the quality of the service provided. Checks and audits were undertaken to make sure full and safe procedures were adhered to.

People and their relatives had been asked their opinion of the quality of the service via regular regular meetings with the registered manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were effective staff recruitment and selection procedures in place.

People expressed no fears or concerns for their safety and told us they felt safe.

Good



Is the service effective?

The service was effective.

People were provided with access to relevant health professionals to support their health needs.

The home acted in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Good



Is the service caring?

The service was caring.

People made positive comments about the staff and told us they were treated with dignity and respect.

All the interactions we observed between staff and people were positive, kind and caring.

Good



Is the service responsive?

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date.

A range of activities were provided for people inside and outside the home which were meaningful and promoted independence.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

Good



Is the service well-led?

The service was well led.

Staff told us the registered manager and provider were approachable and communication was good within the home. Staff meetings were held on a regular basis.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available to staff.

Good



Orchard House

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 checked 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 inspection took place on 19 October 2015 and was unannounced. This meant people and staff at the home did not know we were going to carry out an inspection on the day. The inspection team consisted of an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of supporting people with a learning disability.

This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 13 October 2014 had been met. We also provided a rating for the service under the Care Act 2014.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service.

The service was not asked to complete another provider information return (PIR) for this inspection. A PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned as requested before the October 2014 inspection.

We contacted Sheffield local authority and Sheffield Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from Healthwatch and Sheffield local authority commissioners. This information was reviewed and used to assist with our inspection.

At the time of the inspection there were nine people living at the home. During our inspection we spoke with four people and two visiting relatives to obtain their views of the support provided. We spoke with the two senior support workers on duty, the registered manager and the registered provider.

We spent time observing daily life in the home including the care and support being offered to people. We spent time looking at records, which included three people's care records, four staff records and other records relating to the management of the home such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

During our last inspection on 13 October 2014 we found evidence of a breach in Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 management of medicines. The provider sent us an action plan, identifying actions to be taken and timescales for completion, in order for them to become compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, which took place on 19 October 2015, we found the management of medicines at the home had improved, medicines were securely stored. We checked four people's Medication Administration Records (MAR) and found they had been fully completed. The medicines kept corresponded with the details on MAR charts.

Two people told us they were on medications and that staff gave them at the same time each day. People said if they were in pain, e.g. a headache, staff would give them a painkiller.

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow.

Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines.

We found medicines were securely stored in locked cupboards in a locked room. Regular audit checks were completed by the registered manager regarding the safe storage and accurate record keeping of medicines.

We checked the records of one person who was receiving controlled drugs. The drugs were stored appropriately and administration records were signed by two people. This showed that procedures were in place for the safe handling and storage of medicines.

During our last inspection on 13 October 2014 we found evidence of a breach in Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 fit and proper persons employed. The provider sent us an action plan, identifying actions to be taken and timescales for completion, in order for them to become compliant

with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, which took place on 19 October 2015 we found staff recruitment procedures had improved and all checks completed on staff met the conditions in schedule 3 of the regulations.

We looked at four staff files. Each contained two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. The registered provider confirmed all staff had a completed DBS check and that they were currently carrying out DBS rechecks on all staff employed at Orchard House. This showed recruitment procedures in the home helped to keep people safe.

All the people we spoke with said they had no concerns about the staff or staffing levels. Relatives we spoke with said they knew staff checked on their relative during the night.

At the time of this visit nine people were living at Orchard House. Four people were at day service during our visit. There were two senior support workers and the registered manager on site and all were highly visible. Staff rotas we checked and staff confirmed that there were two members of care staff on duty between 8am and 3pm, and 3pm and 9pm. There was then one member of staff on until 8am the next day with further on call arrangements in place during the night hours. The registered manager was also rostered to work five days a week.

There were sufficient staff that were available and responded to people's needs and kept people safe. The staff spoken with said enough staff were provided to meet and support people with their needs.

All the people we spoke with said they felt safe. No one said they had been mistreated.

One person we spoke with said they worried about steps and were careful because they had a minor trip in the past. Relatives we spoke with said x [relative name] had a fall on the stairs a couple of years ago which resulted in hospital treatment. They said the registered manager had assured them that if a ground floor bedroom became available their relative would be able to move bedrooms. Risk

Is the service safe?

assessments were in place in people's care plans we checked for staff to observe people on the stairs. We did not see any loose or worn carpet on the stairs which would provide an additional hazard to people.

From our observations we did not identify any concerns regarding people who used the service being at risk of harm. We found the home was clean with no obvious hazards noticeable such as the unsafe storage of chemicals or fire safety risks.

A safeguarding adult's policy was available. We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were aware of the local authorities safeguarding policies and procedures and would refer to them for guidance if needed. They said they would report anything straight away to the registered manager. Staff had a good understanding about the services whistle blowing procedures and felt that their identity would be kept safe when using the procedures.

The service had a policy and procedure on safeguarding people's finances. The registered provider explained that each person had an individual amount of money kept at the home that they could access. Some people also had monies in their own independent bank account. We checked the financial records and receipts of four people and found the records and receipts tallied. The registered provider discussed with us future safeguards that they intended to introduce such as the accounts being audited by the company's independent accountants and

introducing more signatories before monies could be withdrawn. This showed procedures were in place to safeguard people's finances and the registered provider was considering other actions to further safeguard people.

We looked at three people's support plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise the risk. The risk assessments seen covered all aspects of a person's activity and included road safety, travel, emergency evacuation and daily routines. We found risk assessments had been updated as needed to make sure they were relevant to the individual.

We found that a policy and procedures were in place for infection control. Training records seen showed that all staff were provided with training in infection control. We saw that monthly infection control audits were undertaken by the registered manager which showed that any issues were identified and acted upon. We found Orchard House to be clean. This showed that procedures were followed to control infection.

We saw the ground floor bathroom/toilet was in need of refurbishment. We also found there were no paper towels in the dispenser. When we raised this with a member of staff she said there had been issues in the past with a person flushing the paper towels down the toilet and people now had a shared towel to dry their hands. We discussed risk of cross infection with the registered manager who said paper towels and liquid soap/sanitiser should be used and they would address this matter immediately and supply paper towels and soap in all communal toilets.

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by staff that had the right skills and competencies. People who used the service and relatives we spoke with told us they thought the care staff were competent and well trained to meet their or their family member's individual needs. One relative said there was a low turnover of staff and they were kept informed by staff about their relative.

One relative we spoke with said the meals served at the home were "Very good" and one person said meals were "Scrumptious." One relative said they were able to sit for meals with their relative if they wanted to. All the people we spoke with said they always had enough to eat and drink and when asked they all said fruit was available in the kitchen.

We were told by staff that a weekly menu was planned with people at a Sunday meeting, this was confirmed by people. The provider then completed an on-line order for the food based on the menus to be delivered on a Monday. Staff were aware of two people who were diabetic and staff said they were mindful of this and made minor adjustments when preparing their meals.

The support plans detailed people's food preferences, likes and dislikes and gave guidance to staff on maintaining and encouraging a healthy diet. This showed that people's opinions and choices were sought and respected and a flexible approach to providing nutrition was in place.

Staff told us the training was 'good' and they were provided with a range of training that included people moving people, infection control, safeguarding and food hygiene. Staff told us that some training was completed via e-learning on the home's computer, and each learning topic had tests of understanding to complete at the end of training to show staff had understood. We saw a training record was in place so that training updates could be delivered to maintain staff skills.

We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Staff spoken with said supervisions were

provided regularly and they had received their annual appraisal. Records seen showed that staff were provided with supervision on a three monthly basis and appraisal on an annual basis for development and support.

The Mental Capacity Act 2005 (MCA 2005) is legislation designed to protect people who are unable to make decisions for themselves, and to ensure that any decisions are made in people's best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make all or some decisions for them. The legislation is designed to ensure that any decisions are made in people's best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used.

The registered manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and recent changes in DoLS legislation. The purpose of an IMCA is to help people who lack the capacity to make important decisions, and who have no family or friends that it would be appropriate to consult about those decisions. They said they had previously accessed and used the services of an IMCA for a person who lived at the home. Staff we spoke with had a good understanding of the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation. The registered manager informed us that where needed DoLS would be referred to the Local authority in line with guidance. They confirmed nobody currently living at the home was subject to a DoLS authorisation.

When asked about using local GPs and dentists, all people asked said they were supported to go by staff. We looked at three people's support plans. They contained a range of information regarding each individual's health. We saw people had contact with a range of health professionals that included GP's, dentists and hospital consultants. The files held information about people's known health conditions and the staff actions required to support people's health. We saw people's weight was regularly checked as part of monitoring people's health.

The interior of the building was clean, the standard of décor varied.

Is the service effective?

When asked about where they live people said it was “Clean and comfortable” and “Lovely.”

The bedrooms we looked at, by invitation of people, were well decorated, comfortable, had personal items and equipment such as photographs, ornaments, TV and radios. The front lounge was pleasant and well decorated. The TV lounge was more functional and not personalised. The common areas were also functional and not personalised. The kitchen/dining area was clean, bright, functional and had some decorative touches.

There had been some refurbishment in the home but some communal areas, mainly corridors, were looking very ‘tired’. We discussed the need to keep ‘on top’ of refurbishment with the registered provider and registered manager, who agreed, and said they were fully aware of areas of the home that needed upgrading and this was being completed on a planned basis.

Is the service caring?

Our findings

All the people asked gave similar answers. They said they could make choices and their privacy was respected. People said staff asked them for their views and listened to what they said.

People said If staff want to talk to them in their bedroom they would knock on the door first.

People commented, "They [staff] couldn't look after you better." A relative said staff and management were friendly and approachable, and they listened to them. They said, "The care is very good" and "We are satisfied or x [relative name] wouldn't be here."

Throughout the inspection the interactions observed between staff and people were positive. Staff exhibited a caring and kind approach and obviously knew people living at the home very well.

Staff spoken with could describe the person's interests, likes and dislikes, support needs and styles of communication.

We noted there were at least two people who have difficulty communicating verbally. We did not see any forms of pictorial choice boards, pictorial timetables or similar communication aids. This could be an issue for people making day to day choices if staff did not know these particular people well.

We saw that people's independence was promoted and people's opinion was sought. We saw staff asking people about their choices and explaining in a way the person understood so that their view was obtained and staff could be sure the person was happy with their choice.

The Service User Guide stated that family members were welcome to visit their loved ones at any time. The home did suggest relatives may want to ring before they visited as people who lived in the home were often out on activities.

Two relatives we spoke with said they visited every week and were always made to feel welcome.

We checked three care plans. The support plans seen contained information about the person's preferences and identified how they would like their care and support to be delivered. The plans focussed on promoting independence. The plans showed that people and their relatives had been involved in developing their support plans so that their wishes and opinions could be respected. There was a section in the plans titled 'About me and my family' which gave a good history of people's likes and dislikes and details such as family history and the birthdays of family members.

This showed important information was recorded in people's plans so staff were aware and could act on this.

The registered manager told us information on advocacy services was available should a person need this support. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf and when they are unable to do so for themselves. We saw advocacy information leaflets were available in the 'communal kitchen' of the home.

Is the service responsive?

Our findings

People told us they were well cared for and that they felt their needs were met. People said staff sit and chatted with them and one person said, “We have some right laughs.” A relative said, “The residents are well matched, it is a good group.”

When asked about whether they can do what they want all the people asked said “Yes.”

People who used the service said they were aware they had a support plan and that they were involved in monthly discussions about their care and support. When asked if they got involved with their care all the people asked said “Yes.”

This consultation was confirmed and recorded as having taken place in the support plans we viewed under a review document called “key worker session notes”. Two relatives told us they were involved in the reviewing and updating of their family members care plan and that they had a copy of it that they could refer to.

The support plans seen contained information about the person's preferences and identified how they would like their care and support to be delivered. The plans focussed on promoting independence and encouraging involvement safely. This showed important information was recorded in people's plans so staff were aware and could act on this.

Staff spoken with said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a very good knowledge of people's individual health, support and personal care needs and could clearly describe, in detail, the history and preferences of the people they supported.

People told us that staff supported them to participate in some training and social activities and help them to maintain independence.

We asked people and relatives whether people were helped with independence skills such as helping out in the home i.e. cooking, laundry etc. Relatives said, “Some of the residents do minor jobs.” We did not observe any support like this and when asked one of the staff members said the staff did the cooking and laundry. One person did say they sometimes peeled potatoes.

In relation to activities outside the home four people were out at planned day activities during our inspection. One person talked about going to a luncheon club once a week and a day centre three days a week, they said they enjoyed activities such as dominos, darts and snooker. Another person said they went out twice a week.

A relative explained to us that x [relative name] had a one to one worker on a Wednesday to go to a day service, and that they also went to a day service on a Friday where they got involved with activities such as cooking and games.

In addition to activities organised within the home staff told us that they supported people once every one or two weeks to undertake a leisure activity of the person's choice. These choices included, shopping, going to the cinema or a meal out.

The registered manager told us one person had been on holiday in the summer and another two people were planning to go away at Easter.

Staff told us people were strongly encouraged to stay in touch with families and people were supported by staff to go and visit family members. People said they had regular contact with their family. One person went out with their sister every weekend and other person also regularly went out for the day with a family member.

The registered manager told us there were monthly ‘residents house meetings’ and we saw minutes to show these had been carried out regularly to hear and respond to people's views. We saw where there were any concerns or comments this led to action being taken to make improvements to the service.

We looked at the minutes of the most recent ‘residents house meeting’ which were usually held on Sunday afternoon. We saw that a range of topics had been discussed including plans for social activities, the planning of meal choices and general housekeeping issues including what to do in the case of emergency such as fire. This told us the service actively sought out the views of people and included people in the day to day running of the home.

The people we spoke with said they had not needed to make a complaint. A relative said if they had any concerns they would speak to the staff and then the owner and people said they would talk to staff if there was a problem.

The registered manager told us there had been no formal complaints within the last 12 months. The complaints

Is the service responsive?

procedure was contained in the Service User Guide and each person had a copy of this. The policy included the

details of relevant organisations such as the local authority should people wish to raise concerns directly to them. The policy had recently been updated to include management time scales for responses to any complaints raised.

Is the service well-led?

Our findings

The manager was registered with CQC.

We observed that people knew the registered manager and registered provider by sight and name and freely approached them and exchanged views about the service.

All people we spoke with said they knew the manager and owner and felt they could talk with them.

We observed the registered manager was 'hands-on' in their approach to care and in how Orchard House was managed. They were known to people who lived at the home and had a clear understanding of people's individual needs.

We saw a positive and inclusive culture in the home. All staff said they were a good team and could contribute and feel listened to. They told us they enjoyed their jobs and the registered manager and provider were approachable and supportive. Staff said, "I never feel as though I can't talk to them (registered manager), they are good."

We found that a quality assurance policy was in place and saw that audits were undertaken by the registered manager as part of the quality assurance process. These included the auditing of care plans, medication, health and safety and infection control. We saw records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns.

People said they had regular 'house meetings' where any issues or concerns and plans for the running of the home were discussed and acted upon. We saw minutes of these meetings and 1:1 meetings the manager had with people and/or their families.

We saw records of staff meetings and staff confirmed that staff meetings took place on a regular basis to share information and obtain feedback from staff. Staff spoken with said they felt able to talk with the registered manager when they needed to. This helped to ensure good communication in the home.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. All policies were computerised and accessible to staff at all times and had been updated since our last inspection 12 months ago. This meant changes in current practices were reflected in the home's policies.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The registered manager was aware of the home's obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.