Boulevard Care Limited

Orby House

Inspection report

Orby House
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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

We inspected Orby House on 24 November 2016. This was a short notice announced inspection, because people take part in activities in the local community. We wanted to ensure they were available to speak with us on the day. The service provides care and support for up to 7 people. When we undertook our inspection there were 7 people living at the home.

People living at the home were of mixed ages. Some people required more assistance either because of mental health needs or because they were experiencing difficulties coping with everyday tasks.

There was a registered manager in post. 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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection there was one person subject to such an authorisation.

We found that people's health care needs were assessed and care was planned and delivered in a consistent way through the use of their care plans. People were involved in the planning of their care. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans were put in place to minimise risk in order to keep people safe.

People had been consulted about the development of the home and quality checks had been completed to ensure the home could meet people's requirements. Lessons which had been learnt from audits had been passed on to staff at meetings and staff supervisions.

We found that there were sufficient staff to meet the needs of people using the service. The provider had taken into consideration the complex needs of each person to ensure their needs could be met through a 24 hour period. Each person had their own accommodation and were encouraged to take part in housekeeping tasks and cooking their own meals, with the help of staff. People were supported to maintain their independence and control over their lives and accessed a number of events in the local community.

People were treated with kindness and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives.

The provider used safe systems when new staff were recruited. All new staff completed training before working in the home. On-going training was available for all staff.

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.

Checks were made to ensure the home was a safe place to live.

Sufficient staff were on duty to meet people's needs.

Staff in the home knew how to recognise and report abuse. Risk assessments were always up to date and staff ensured people were protected from harm.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff ensured people had enough to eat and drink to maintain their health and wellbeing. People were encouraged to prepare their own meals.

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by staff and people's legal rights protected.

Is the service caring?

Good

The service was caring.

People were relaxed in the company of staff and told us staff were approachable.

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible.

Is the service responsive?

Good

The service was responsive.

People's care was planned and reviewed on a regular basis with them. The care plans fully explored the needs of people and how other agencies could help them.

Activities were planned into each day and people told us how staff helped them spend their time.

People knew how to make concerns known and felt assured anything raised would be investigated.

Is the service well-led?

Good

The service was well-led.

An analysis of audits was undertaken to measure the delivery of care, treatment and support given to people against current guidance.

People's opinions were sought on the services provided and they felt those opinions were valued when asked.

The views of visitors and other health and social care professionals were sought on a regular basis.

Orby 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 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 inspection took place on 24 November 2016 and was a short notice announced inspection, because people take part in activities in the local community. We wanted to ensure they were available to speak with us on the day. The inspection was undertaken by one inspector.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also spoke with the local authority who commissioned services from the provider in order to obtain their view on the quality of care provided by the service. We spoke to social care professionals before the site visit.

During our inspection, we spoke with five people who lived at the service, three members of the care staff and the registered manager. We also observed how care and support was provided to people.

We looked at three people's care plan records and other records related to the running of and the quality of the service. Records included maintenance records, staff files, minutes of meetings and audit reports the registered manager had completed about the services provided.

Good

Is the service safe?

Our findings

People told us there were sufficient staff to meet their needs. One person said, "There is always someone to take me to town. I can go when I want to." Another person told us, "My keyworker [named staff member] helps me a lot and is always around for me to speak with."

Staff told us that the staffing levels were good. One staff member said, "We have a certain number of staff on each day to ensure people's needs are met and then when people need support for appointments and activities other staff are brought in." Another staff member told us, "Staff are always floating around. Staffing levels are fine."

The registered manager told us how the staffing levels had been calculated, which depended on people's needs and daily requirements. These were reviewed on a monthly basis by the registered manager. The registered manager discussed the staffing needs for some people with complex needs with commissioners of services. This was because those people required more input by staff on a one to one basis. We saw in the care plans when those discussions had taken place. Staff informed us of the people who required this extra input and we saw how extra staffing was helping one person to fulfil their needs. One staff member told us, "You can't imagine how different [named person] has changed in the time they have been here. The staffing levels for [named person] have certainly helped to ensure they are safe, but can be allowed to exercise their independence." There was a contingency plan in place for short term staff absences such as sickness and holidays. This ensured the staffing levels were maintained.

People told us they felt safe living at the home. One person told us this was because they felt safe because of the premises checks which were made, such as maintaining safe footpaths. Another person said, "I have my own front door key so I can lock my belongings away." This was an option each person had taken up.

Staff had received training in how to maintain the safety of people and were able to explain what constituted abuse and how to report incidents should they occur. They knew the processes which were followed by other agencies and told us they felt confident the registered manager would take the right action to safeguard people. This ensured people could be safe living in the home.

Accidents and incidents were recorded in the care plans. The immediate action staff had taken was clearly written and any advice sought from health and social care professionals was recorded. There was a process in place for reviewing accidents, incidents and safeguarding concerns on a monthly basis. There was an analysis to show themes and trends, which would help to identify specific safeguarding concerns. Staff told us that changes in care needs were discussed at staff meetings and daily shift handovers, which they said was effective.

To ensure people's safety was maintained a number of risk assessments were completed and people had been supported to take risks. For example, where people were anxious when being away from the home on visits to shops and appointments. The capability of people being able to use the local bus service had been assessed and how they would react to crossing roads in busy traffic areas. This ensured people were safe to

access the local community either alone or with others.

People had plans in place to support them in case of an emergency. These gave details of how people would respond to a fire alarm and what support they required. For example, those who needed help because they would become anxious when hearing a loud noise. A plan identified to staff what they should do if utilities such as gas and water supplies failed and other equipment failed. Staff were aware of how to access this document.

We were invited into five people's flats to see how they had been decorated. People told us of their involvement in the layout of the flats. Each flat had been personalised to reflect people's wishes and needs. People told us of their involvement in choosing wall paper, furniture and televisions. The flats had video telephones in place so each person could see the person they were ringing. One person said, "I brush my hair before I use it. I like to look nice."

Safety measures had been put into place within the grounds as some major building work was being undertaken. Walkways were hazard free and people knew not to enter the building area.

People told us they received their medicines and understood why they had been prescribed them. One person said, "I get mine on time." They went on to tell us what was administered and which staff helped them. Staff knew which medicines people had been prescribed and when they were due to be taken.

Medicines were kept in a locked area. Records about people's medicines were accurately completed. A separate register was kept for those medicines which were required to be recorded in a separate book and there was accurate recording by staff. The registered manager told us that there had been a recent audit by the area manager, which we saw. There were no actions to complete from that audit.

We observed medicines being administered at lunchtime and noted appropriate checks were carried out and the administration records were completed. Staff informed each person what each medicine was for and how important it was to take it. They stayed with each person until they had taken their medicines. Staff who administered medicines had received training. Reference material was available in the storage areas.

We saw that recruitment checks were carried out prior to people being employed at the service. The provider asked for two references, proof of identification and undertook checks with the Disclosure and Barring Service (DBS) to ensure that people did not have any past convictions that would present them as a risk to people living at the service.

Good

Is the service effective?

Our findings

None of the staff we spoke with had been newly recruited. They told us that the induction programme at the home had suited their needs. They told us what the programme had consisted of which followed the provider's policy for induction of new staff. Details of the induction process were in the staff training files. The registered manager told us that all new staff were now registered for the new Care Certificate. This would give everyone a base line of information and training and ensure all staff had received a common induction process. Many staff had a national care award certificate, which they told us had given them a different insight of how to help look after people.

We saw that there was a training system in place. This system was flexible and enabled the provider to identify units that they felt would be most appropriate to the needs of staff at the time. Staff were expected to work through 'knowledge books' and then their knowledge would be tested and marked. This would highlight where more training and development would be needed. There was also regular training around issues such as infection control, food hygiene and equality, diversity and inclusion. The training matrix showed that training for care staff was up to date. Staff told us there was always lots of training of offer and they were expected to complete mandatory units such as first aid and fire safety awareness. One staff member said, "We get enough training to complete and some takes place at other locations." Another staff member told us, "We have a good training package and we are supported to complete topics and expand our own knowledge." We observed that staff were using safe methods to move people around the home and that they observed correct protocols for hand washing after assisting people with their personal care.

Care staff received regular supervision, according to the records. Staff told us they could voice an opinion at their formal supervision sessions, but could approach the registered manager at any time. They felt the supervision sessions were a two-way discussion and none of their ideas were ever dismissed without explanation.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider had followed the requirement in the DoLS. One application had been submitted to the local authority and authorised. The provider had properly trained and prepared their staff in understanding the requirements of the MCA and DoLS. Staff gave us a good summary of what the MCA and DoLS would mean for the people

they looked after.

Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. We saw these in the care plans. They showed the steps which had been taken to make sure people who knew the person and their circumstances had been consulted. Staff had recorded the times when it had been necessary to have best interest meetings with people after assessments had been completed to test their mental capacity and ability.

People told us that they liked the food. One person said, "Very good food purchased for our meals." Another person told us, "I can cook my own meals with some help, which I like to do each day." Each flat was fitted with a kitchen and we saw people being encouraged to cook their own meals. One person was baking cakes, which they later offered to us and others. They were nicely presented. People told us they invited other people who lived at the home for meals in their flat and felt this was a good time to talk and get to know people. They told us of their favourite take-away menus and said sometimes they had a themed night such as hamburgers when they watched a cowboy movie. Staff knew which people were on special diets and those who needed support to maintain a healthy diet and had recorded this in people's care plans. We saw staff offered to make hot and cold drinks for people during the day and encouraged people to make their own.

We heard staff speaking with relatives about hospital appointments and home visits, after obtaining people's permission. This was to ensure family members' knew what arrangements had been made. People told us they had appropriate and timely access to health care. One person said, "If you're not very well, you can go to the doctor."

People told us staff treated them with dignity and respect at all times. One person said, "I don't like anyone in my bathroom, so I shut the door, but a staff member is about in case I need help." Another person told us that they liked to speak with their family on their own, which staff respected those wishes. We observed staff knocking on doors prior to being given permission to enter a person's flat.

People told us staff obtained the advice of other health and social care professionals when required. One person said, "When I need my psychologist they get them straight on the phone, which helps me." In the care plans we looked at staff had recorded when they had responded to people's needs and the response. For example, when people's behaviours had changed and when they required health checks such as those specific to women's age. Staff had recorded when people had seen the optician and dentist. Several people had hospital appointments which they had attended. Staff had recorded outcomes of those visits. Staff told us they had a good rapport with other health professionals and felt supported by them when they required assistance.

Good

Is the service caring?

Our findings

Staff approached people in a kindly manner. They showed a great deal of friendliness and consideration to people. They were patient and sensitive to people's needs. For example, when someone wanted a drink. Staff stopped what they were doing and fetched them a drink. We saw staff took time to respond and engage with people who spoke to them.

People told us they liked the staff and felt well cared for by them. One person said, "I love them all. They are my friends as well as my carers." Another person told us, "All the staff do a good job." People told us how they had been encouraged to try and make friends of people who lived at the home. One person said, "I didn't' think I would but I've made loads of friends here. Everyone is nice, including the staff."

People were given choices throughout the day if they wanted to remain in their flats, socialise with others, use the day centre (which was in the grounds) or go out. Some people joined in happily and readily in communal areas and invited others into their flats. Others declined, but staff respected their choices on what they wanted to do. Some people choose to spend some time in the staff office area to talk in private to staff and also to enquire how staff were feeling that day. There was mutual respect for each other, the people who lived there and staff.

The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made.

We observed staff helping two people whose behaviour could be challenging to others and distressing to themselves. They ensured each person understood the consequences of their actions. Staff spoke quietly to each person and stayed with them, giving reassuring comments as they moved on to another event that day.

We saw signatures in the visitors' book of when people had arrived at the home. Staff told us families visited on a regular basis, but several people went on home visits. This ensured people could still have contact with their own families and they in turn had information about their family member. People told us staff would telephone their family members when they wanted to speak with them and gave us details of their last home visit. Some people talked with enthusiasm about their family and how staff had helped them keep in touch.

Staff told us that people could choose to be in a relationship with others. People told us the relationships they had with each other and what they liked to do such as go for a meal or shopping. If people had a specific religious preferences this was supported. One person told us about a religious service they liked to attend sometimes.

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care could be supported by staff and the local lay advocacy service.

Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw details of the local lay advocacy service on display. There were no local advocates being used by people at the time of our visit.

Good

Is the service responsive?

Our findings

In the care plans we looked at the reasons why people had chosen the home was recorded. It was clear why they were at the home and if the setting was appropriate to their needs. There was a risk history for people leading up to their placements at this home. In the care plan for one person, who had complex needs we saw there had been incidents where staff had intervened due to their behaviour being challenging to others. Staff were aware of what type of intervention had worked in the past and whether the person would require extra funding if more staff were required to monitor this person's behaviour. However, due to close monitoring by staff the person's was now less distressed and their behaviour had improved significantly whilst they were at the home.

Where there had been incidents of people's challenging behaviour which could be harmful to themselves or others, staff had analysed the causes of people's behaviour. For example, when a person had become angry in their flat. Consideration had been given to whether the person required an increase of observation or whether this had been a one off incident. This meant staff had the means of knowing the triggers which could result in a person's behaviour and would therefore prevent them and others being harmed.

In the care plans there was clear information on plans for people's health and well-being over a period of time. For example, where people had physical needs, such as requiring an optician. We saw they had been encouraged to visit the optician and report to staff any difficulties they had moving about and reading. Other care plans recorded visits which had been made to the home by GPs, nurses and psychologists' and also hospital and clinic appointments. People told us about those visits. Each person told us they preferred to have a staff member with them as they could not always remember what had been said. Staff confirmed escorts were always available if required.

The wording in the care plans showed the care plans were written with people, as opposed to them and their views were being recorded. They were person-centred and gave a lot of back ground detail about each person. Staff told us care plans were to be updated every month, which we saw in the care plans. People told us they had seen their care plans and if they had difficulty reading them staff would undertake this task. The care plan summary could be provided in word and picture format if this was easier for a particular person.

The people we spoke with gave us positive views about the response times of staff to their needs. They told us staff responded to their needs quickly. People told us staff responded quickly when they used their call bell or video phone day and night.

Staff received a verbal handover of each person's needs each shift change so they could continue to monitor people's care. Staff told us this was an effective method of ensuring care needs of people were passed on and tasks not forgotten. There was also a handover book in use.

We were informed that all staff helped people access social, religious and cultural activities depending on what people wished to do each day. There was a list available of what activities were on offer at the home

and the company's day centre, which was within the grounds. People told us of some of the events they had taken part in such as, woodwork classes, letter writing improvement classes and IT skills. They told us about a garden competition which had taken place between all the company's locations. Photographs were on display. One person was being sponsored for a local charity event and was busily collecting money during our visit.

Links with the local community had been encouraged. Shopping, visits to local restaurants, visits to a social club and the local donkey sanctuary were favourite places. They had adopted a donkey and one person told us, "We have to visit a lot to make sure the people are looking after them." There were photographs on display of those times. Everyone we spoke with talked animatedly about the links they had with the local community. One person was proud of their work at a local racing circuit and showed us their security badges and a set of flags they had purchased to practice with at the home.

The provider had a system for managing complaints and this was available in the entrance of the service for people to access and in each person's flat. The process was available in word and picture format. We reviewed the complaints information and there was no record of any formal complaints having been made since our last visit. People told us they would not be worried about raising any concerns and felt they could approach any member of staff. There were several compliments in a log book. This included thanks to staff for raising money at a Macmillan coffee morning and how happy a relative was with their family member's care. This included how well staff had improved the person's personal hygiene and how well and settled the relative felt the person was at the home.

Good

Is the service well-led?

Our findings

There was a registered manager in post. People told us they could express their views to the registered manager and other staff and felt their opinions were valued in the running of the home. Staff told us they felt supported and could influence change.

Systems for auditing and monitoring the service were in place and kept up to date. These included infection control, the environment, maintenance and care plans. There was a maintenance schedule which listed work which had been completed in 2016. There was a system for following up any gaps or shortfalls identified. There was a secondary duties list for staff. This gave details of responsibilities staff had agreed to take on as an extra to their care role. This included maintaining the first aid box and sewing box, descaling kettles and being a lead in such as infection control. Staff told us they enjoyed those roles and they did not impinge on the delivery of care to people.

The registered manager held monthly meetings with people to gather their views about the running of the service and the notes from the meetings showed that the topics were varied. They covered areas such as menus, activities and Christmas. There was a system for recording whether suggestions had been implemented and followed up which meant the provider could demonstrate how effective these meetings were in influencing developments in the service.

There were regular staff meetings and minutes were signed by staff when they had read them. There was again a variety of topics such as care plans, medical appointments and moral. Staff told us they could voice an opinion at meetings and felt those opinions were valued.

People were given small questionnaires each month about the running of the home. Staff told us this was more manageable for people. We saw the results of the August 2016 and October 2016 surveys. One focused on whether people liked living at the home and asked questions about people's key workers. The other one asked questions about menus and activities. All the results were positive. Details of the actions taken had been included in the summaries such as a change in menu.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The registered manager understood their responsibilities and knew of other resources they could use for advice, such as the internet.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.