

Community Homes of Intensive Care and Education Limited

Orchid House

Inspection report

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Ratings

Overall rating for this service	Good ●
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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

Orchid House is a residential care home that was providing personal care and support for six adults with learning disabilities and autism at the time of the inspection. The service is registered to support up to six people and accommodates five people in one building and one person in a self-contained annexe attached to the building.

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

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. There were sufficient staff with the correct skill mix on duty to support people with their required needs and keep them safe. Medicines were managed safely.

People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and acted in their best interests; the policies and systems in the service promoted this practice. Staff were supported through training and meetings to maintain their skills and knowledge to support people. People were provided with a varied diet which met their needs and preferences. People attended regular appointments and annual health reviews. Staff worked with other professionals for advice, guidance and support.

People received care and support in a caring environment which promoted their privacy, dignity and independence. The provider took steps to make sure people could be involved in making decisions about their care and support.

People's support was individualised. People were supported to take part in a range of in-house and outdoor activities. People's interests, preferences, likes and dislikes were known to staff. The provider had a complaint process which people were aware of and people felt able to voice any concerns.

People's relatives and staff felt supported by the registered manager. The provider had systems and processes in place to ensure the quality and safety of service. However, the systems were not always effective resulting in gaps in the records.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Care provided to people living at Orchid House was person-centred and promoted

people's dignity, privacy, their choices and their independence. People felt empowered due to the strong ethos, positive behaviours and attitudes of the staff team.

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 the service under the previous provider was requires improvement, published on 27 January 2020.

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 not always well-led.

Details are in our well-Led findings below.

Orchid House

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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one 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.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 since

the last inspection. We sought feedback from the local authority ahead of our inspection. We used all of this information to plan our inspection.

During the inspection

We used a Makaton questionnaire to obtain feedback from six people who did not communicate verbally. Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate. We reviewed a range of records. These included four people's care records and medication records. We looked at a variety of records relating to the management of the service, including health and safety records, accidents/incidents logs and quality assurance systems.

After the inspection

We spoke to four relatives of people using the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe using the service. One person's relative told us, "They are perfectly safe. Every other day they sent photos or texts telling us what they are doing, whether they are well or unwell."
- The provider had processes in place to safeguard people from the risk of abuse. Staff were knowledgeable about types and signs of abuse, and the actions they were required to take to escalate any concerns. A member of staff told us, "I would make sure that a service user is safe, contact the manager, the area manager, report the abuse to a safeguarding team, to the Care Quality Commission (CQC), inform parents and complete the form with a body map."

Assessing risk, safety monitoring and management

- People received safe support to meet their needs; detailed risk assessments identified risks to people's safety and guided staff on how to provide support in a safe way. The risks included safety on the internet, epilepsy, and management of pain. Behaviour support plans contained detailed information and information was available to staff regarding the measures to mitigate risk.
- There were arrangements in place to address any foreseeable emergency, including reduced staffing levels and an outbreak of COVID-19. People had personal emergency evacuation plans.
- The provider carried out regular health and safety, and maintenance checks. These included fire equipment, water and electrical equipment to ensure people's safety.

Staffing and recruitment

- Staff described staffing levels as good and told us that staffing levels at the home were stable. Records confirmed there were enough appropriately trained staff to meet people's needs.
- We observed people were supported in a timely manner throughout the day, with staff available to support people with their daily routine and activities of their choice.
- The provider followed a thorough recruitment procedure. Disclosure and Barring Service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed. However, we found gaps in one staff member's employment history. We brought this to the attention of the provider who addressed this on the day of the inspection.

Using medicines safely

- Medicines were stored securely and medicine records were accurate and up-to-date. Checks were carried out to make sure medicines were given to the person at the right time and in the right way.

- Staff competency was reviewed to ensure they were safe to support people with their medicines. Protocols were in place to guide staff on safe levels of support when administering medicines.
- There were no gaps or omissions in medication administration records (MAR). Stocks of medicines were correct and did tally with what people had been administered.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Where appropriate, accidents and incidents were referred to the local authorities and the CQC, and advice was sought from health care professionals to learn from these and improve.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were individually assessed and this was reflected in the care support plans we looked at. The care support plans included details of people's daily routines, nutrition, communication and behavioural support needs.
- Where people displayed behaviours which may challenge, their needs were assessed and relevant guidance was in place. This guidance included interventions to be used by staff which were in line with best practice.
- The provider took national standards and good practice guidance into account when assessing and planning people's care and support. For example, the service obtained advice from a healthcare professional in order to change the way they administered medicines.

Staff support: induction, training, skills and experience

- There was a thorough induction for new members of staff. This included shadowing more experienced staff, supervision and training. This prepared new staff to meet people's needs and understand them. A member of staff told us, "I was shadowing for a week with different service users. It was really useful, they've all got different needs and routines."
- The Care Certificate standards were included in the induction process. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Records showed staff were provided with regular supervision and an annual appraisal to enable them to do their job effectively. All members of staff we spoke to told us they felt supported by the provider and by the registered manager.

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

- People's dietary needs were recorded in their care plans along with any associated risks and instructions for staff to meet those needs safely.
- People were encouraged to get involved as much as possible in food preparation. Care plans clearly described the level of support needed to keep people nourished and hydrated.
- People could eat and drink as they wished and were encouraged to maintain a healthy and balanced diet that was suitable for their individual dietary needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by key workers. Key workers are staff dedicated to assist a particular individual whom they know well.

- People had 'hospital passports', so key information was readily available if a hospital visit was needed. We saw the hospital passports contained all relevant medical information.
- People were supported to maintain good health and referred to health professionals when needed. Health and medical information was recorded in detail for each person.

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

- The home's design and decoration met people's individual needs. During the inspection, we observed people accessing their bedrooms, the garden and other communal areas with ease and comfort.
- People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications for authorisation of restriction of people's liberty were completed by the registered manager, and renewals submitted to the local authorities as needed.
- Mental capacity assessments had been completed for people who lacked capacity to make certain decisions.
- Staff had been trained and understood their responsibilities in respect of the MCA. A member of staff told us, "MCA is to protect people who lack capacity. There are five principles of MCA. Firstly, presume the person has got capacity, take all practical steps to support the person to make a decision, right to unwise decision, least restrictive way and decision taken in the best interest of the person."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- We observed people were treated in a caring way by staff who showed a warm and friendly approach to them. People and their relatives also told us positive relationships had been developed between staff and people using the service.
- Staff told us they respected people's differences and provided them with person-centred care that reflected their protected characteristics. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are. People's care plans stated their needs in relation to their gender, culture and religion. This enabled staff to meet people's needs in relation to their protected characteristics.
- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks served and what foods they enjoyed.

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

- People were supported to make day-to-day decisions for themselves and were provided with information in formats which best suited their preferred mode of communication.
- People and their family carers told us people were supported to make decisions about their care and support.
- People's communication needs were recorded and staff were knowledgeable of them. People regularly met their key worker to discuss any changes they wanted to make to their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff respected the privacy and dignity of each person and gave us examples of how they did this. For example, shutting people's doors when supporting them with personal care or knocking before entering people's bedrooms.
- Staff encouraged people to be as independent as they wanted to be. Care plans included what people could do for themselves and guided staff to help people keep and enhance their skills.
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records reflected people's individual needs and provided staff with clear guidance on people's care and support needs, as well as on what was important to each person. People's changing needs were monitored, and their care plans were adjusted to meet those needs if necessary.
- People continued to be supported to set and achieve their goals which improved their independence and quality of life. For example, one person's goal was to follow 'my choices' communication board, allowing the person to choose what activities they would like to do each day. During the inspection we saw the person using 'my choices' communication board which allowed them to engage in more activities of their own preference.
- Care plans contained information on people's life stories which included their background. People's daily routines were also described to ensure staff were aware of how people liked to live their lives.

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 individual communication had been assessed and recorded. Staff were provided with guidance on how to promote effective communication.
- Staff were aware of people's communication needs. Staff took their time communicating with people to ensure they understood what people said. Staff were trained in a wide variety of communication techniques which included Makaton, body language and objects of reference. They used communication techniques appropriately for each person and altered their approach when needed in line with people's care plans.
- People chose how they wanted information to be presented to them. Information was available in different formats and people were consulted on how it should be provided.

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

- Although people were unable to access places such as restaurants, pubs or colleges due to the lockdown, we saw that people led active and fulfilling lives. They were supported to participate in activities and pursue the interests and hobbies they enjoyed. For example, the activities provided included discos, cooking sessions, Zumba, spa and regular walks.
- People were supported to maintain relationships that mattered to them, such as family and friendship. Staff encouraged social contact and supported people to engage in activities which helped protect them

from the risk of social isolation and loneliness.

- Where people chose not to participate in planned activities, staff ensured they received individual one-to-one sessions and engaged in other stimulating activity of their choice.

Improving care quality in response to complaints or concerns

- Records showed complaints were investigated and lessons learnt, which resulted in actions taken to improve the service.
- People's relatives told us they were aware of how to make complaints and that they would report to the manager.
- Staff knew people well enough to determine if people were not happy. This meant they were able take action to address people's discomfort or unease.

End of life care and support

- Currently, no one was being supported with end of life care and palliative care.
- The provider had a policy and systems in place to support people with end of life care and palliative care needs.
- The registered manager told us they would respond to any wishes or advance wishes should they support anyone with end-of-life care. They also said they would contact other appropriate services if needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems for identifying, capturing and managing organisational risks and issues were effective. However, some records were not always complete. We saw gaps in the employment history of one staff member, and in coronavirus health monitoring forms. We brought this to the attention of the registered manager. The registered manager immediately included checks of the records in the daily check form to avoid any gaps or omissions.
- The leadership of the service had a clear vision of how they wanted the service to be and put people at the centre of what they did.
- Staff had a clear understanding of their roles and their day-to-day work was steered by people living at the home. Staff were continuously supported to develop their skills to ensure provision of better quality of care.

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

- The registered manager worked to promote a person-centred culture to improve people's quality of life; people's needs were assessed and their care was planned in a person-centred way.
- On the inspection day, we saw the registered manager interacted with people were using the service and staff in a positive manner. We saw the registered manager listened to staff's queries attentively and supported them with their queries with patience.
- The registered manager and staff consistently placed people at the heart of their service and clearly demonstrated the caring values and ethos of the provider. Relatives of people living at the service praised improvements made by the registered manager. One person's relative told us, "I'm happy with how the manager has turned things around. She's done back-to-floor shifts, including weekends, seems to have been able to attract new and very good staff. I've got a lot of confidence in the manager and deputy." Another person's relative told us, "There is [registered manager] and [deputy manager] and the keyworker. The service has much improved, they had big boots to fill when the previous provider has left."

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 was aware of the duty of candour regulation to be open and transparent when things went wrong.
- The registered manager was open and honest about some of the challenges they faced within the service and explained how they were going to manage these.

- The provider had a policy that clearly identified the actions staff should take in situations where the duty of candour would apply.

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

- The registered manager held regular staff meetings. As the registered manager operated an 'open door policy', staff told us they felt comfortable to raise any issues or suggestions they had at any time.
- There was positive staff morale with staff saying they felt very well supported in their roles. Staff told us there was effective teamwork and the registered manager set an example by being open and supportive.
- The registered manager had introduced an open-door policy and people and their relatives were encouraged to visit the office and express their opinions either in person or via telephone. Regular surveys allowed the provider to gain feedback from people's relatives and healthcare professionals. We saw results of the last survey and both: relatives of people using the service and healthcare professionals praised the quality of care offered by the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager and their team were committed to continuous learning and improving care. The registered manager kept themselves up-to-date with the latest guidance and this information was cascaded to staff during staff meetings. For example, staff were constantly updated about changes in national guidance regarding COVID-19.
- The provider and the registered manager worked closely with other stakeholders to ensure people received good quality care. These included health care professionals, commissioners of the service and safeguarding team.
- The provider had a business continuity plan in place that specified what action needed to be taken in case of various emergencies, people responsible and partners involved.