

Satash Community Care Project Limited

Orchid

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 10 August 2015.

Orchid is registered to provide accommodation with personal care for four people who have a learning disability. There were three people living at the service on the day of our inspection.

A registered manager was 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.

Up to date guidance about protecting people's rights had not always been followed so as to support decisions made on a people's behalf. Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Risk management plans were in place to support people to have as much independence as possible while keeping them safe.

Staff were appointed after checks were completed to ensure they were of suitable character to look after the people they supported. There were enough staff available to meet people's needs and support people individually.

Summary of findings

People received their prescribed medicines and these were safely stored. People were provided with nutritious food that they enjoyed and they were given the help they needed to eat and drink well. People were supported to gain access to health professionals and services that they needed.

Staff felt well supported and had received the training needed to do their job well. People were well cared for by kind and caring staff who treated them with dignity and respect. Staff took time to communicate with people living in the service in a way that people were able to accept and benefit from. Visitors were welcomed and relationships were supported.

People's care was planned and reviewed with them or the person acting on their behalf. This made sure that

people's preferences were included and that staff had information on how best to meet people's needs. People were supported to participate in social activities including community based outings.

People felt able to raise any complaints and were sure they would be listened to. Information to help them to make a complaint was readily available.

The service was well led; people knew the manager and found them to be approachable and available in the service. People living and working in the service had the opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response. The provider and registered manager had basic systems in place to check on the quality and safety of the service provided and to put actions plans in place where needed.

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.

The provider had systems in place to manage safeguarding concerns and to manage risk for the safety of people living in and working in the service.

Staff recruitment processes were thorough to check that staff were suitable people to work in the service and there were enough staff to meet people's needs.

People's medicines were safely managed.

Good



Is the service effective?

The service was not consistently effective.

Guidance was not being followed to ensure that people were supported appropriately in regards to their ability to make decisions.

Staff received training and supervision suitable for their role.

People were supported to eat and drink sufficient amounts to help them to maintain a healthy balanced diet.

People were supported to access appropriate services for their on-going healthcare needs.

Requires improvement



Is the service caring?

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care needs and responded appropriately.

People's privacy, dignity and independence were respected and they were supported to maintain relationships.

Good



Is the service responsive?

The service was responsive.

People, or their representatives, were included in planning care to meet individual needs.

People had activities they enjoyed and that met their needs.

The service had appropriate arrangements in place to deal with comments and complaints.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People who used the service and staff found the manager approachable and available. Staff felt well supported.

Opportunities were available for people to give feedback, express their views and be listened to.

Systems were in place to gather information about the safety and quality of the service and to support the manager to continually improve these.

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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.

The inspection visit was undertaken by one inspector on 10 August 2105 and was unannounced. Telephone interviews took place with relatives on 12 August 2015 by appointment.

Before the inspection, we looked at information that we had received about the service. This included information

we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process, we spoke with two people and two of their relatives. We also spoke with the manager, the provider, two staff working in the service. We received information from two professionals who had regular contact with the service.

We looked at two people's care and medicines records. We looked at records relating to two staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Is the service safe?

Our findings

People indicated they felt safe and comfortable in the service. Relatives told us that they were confident that people were safe. One relative said, “I do think [person] is safe there. There are always plenty of staff to take [person] out and keep them safe.” Another relative said, “I do feel they are safe there. I know [person] very well and would be able to identify straight away if they were not comfortable or happy. I don’t have any fears at all.”

The manager and staff had a good understanding and knowledge of how to keep people safe from the risk of abuse. Staff had attended training in safeguarding people. They knew how to report any suspected abuse and confirmed they would do this without hesitation to protect people. One staff member said, “I would have to be true to myself, I would have to report it.”

Risks were identified and actions were planned to limit their impact. People’s care plans included information about risks individual to them and a care plan was in place to help staff to manage this safely. Staff we spoke with were aware of people’s individual risks. The manager had appropriate procedures in place to identify and manage any risks relating to the running of the service. These included fire safety, the environment and dealing with emergencies.

People were protected by a robust staff recruitment process. Staff told us that references, criminal record and identification checks were completed before they were able to start working in the service and they had a detailed interview to show their suitability for the role. This was confirmed in the staff records we reviewed, as was the involvement of people living in the service. It showed that care and attention went into recruiting people with the right skills and abilities to care for people in the service.

People were supported by sufficient numbers of staff to meet their needs safely. Staff confirmed that staffing levels throughout the day were suitable to meet people’s needs. A health professional said, “There is a really good staffing ratio to meet people’s needs and there are always staff available when you ring.” We saw that staff were available when people needed them. Observations and people’s records showed that staff were available to take people out to social activities. A relative said, “[Person] does lots of lovely things and goes out a lot which would indicate that there are enough staff.”

People were protected by safe systems for the storage, administration and recording of medicines. Medicines were securely kept and at suitable temperatures to ensure that medicines did not spoil. Medication administration records were consistently completed and tallied with the medicines available.

Is the service effective?

Our findings

The management team had completed training in the Mental Capacity Act 2005(MCA) and Deprivation of Liberty Safeguards (DoLS). This had yet to be cascaded to staff. Appropriate applications had not been made to the local authority for Deprivation of Liberty Safeguards (DoLS) assessments. The manager contacted the local authority during our inspection for advice on how to progress this.

People's ability to make some day to day decisions had been recorded and decisions put in place in their best interests where they were unable to make these. However, one person recently admitted to the service was given their medicine covertly without an appropriate mental capacity assessment being in place. An alarm had been placed on one person's bedroom door to alert staff when the door was opened. This was not clearly recorded in the person's support plan. The provider confirmed that no assessment or best interest meetings had been held with appropriate representatives and professionals. This meant that important decisions about people's health and welfare were being taken by staff who were not appropriately authorised to do so. The provider confirmed that this would be actioned immediately.

People were cared for by staff who were well trained and supported in their role. Staff had had an induction when they started working at the home and had worked alongside more experienced staff to begin with. Staff competence was assessed throughout their induction in line with training and learning opportunities provided. Staff told us that the induction and training provided them with the knowledge they needed to meet people's needs safely and effectively. The manager told us of planned updates to staff training as well to implement new industry best practice standards when new staff were recruited. These were designed to support staff working in adult social care to gain good basic care skills and to demonstrate their understanding of how to provide quality care and support to people. A relative said, "Staff always know how to help [person]."

Staff received regular training updates to ensure their knowledge was current to support them to meet people's needs. This included a recent course in signing to support good communication with people. A staff member told us, "I did the sign-along course. I got to know [person's] signs for things and got to know what they enjoy 'talking' about and doing. You can now laugh with [person]." Staff told us that they felt well supported in their work through regular supervision and staff meetings. One staff member told us they could use these meetings to discuss any issues so they could be dealt with. A health professional told us they were invited to a team meeting to share knowledge and found staff to be very keen to learn.

People were well supported to enjoy a choice of food and drinks to meet their nutritional needs. Staff told us that people participated in planning the weekly menu and food shopping. This was confirmed in people's care records and in discussion with a relative. Staff told us about people's favourite foods and showed us the pictorial cards used to help people to make choices.

People's individual preferences and nutritional needs were known to staff and seen in practice. Systems were in place to safely support people to make their own hot drinks and to be involved in preparation of snacks and meals. People's dietary needs were identified and healthy eating encouraged, while respecting their right to make choices. People's weight was routinely recorded and monitored to support their health and well-being.

Each person had a health care plan in place to identify individual health care needs and the support to be provided by staff. People's care records showed that staff were proactive in gaining prompt and effective access to healthcare professionals and assessment services. A health professional said, "They are happy to host meetings with professionals to support the person's health." A relative told us, "They keep an eye on [person] and know if they are not well. If [person] complains like that they talk with and take [person] to the GP. They read the signs, they understand [person]." Another relative told us that the provider had "looked after" the person well when they had a minor issue while on holiday and took the person to the hospital.

Is the service caring?

Our findings

People lived in a caring environment. A health professional told us, “I do feel they care, the staff are caring and interested in the people they support.” A relative told us, “I would give them 100%. They do care about [person], they were there when no one else wanted [person] and I am sure they care for [person] very much.”

Where people were unable to tell us their views we saw that they had positive relationships with staff. Staff had taken the time to get to know people and staff understood and responded to people in ways that were appropriate. This included different forms of communication relevant to individuals such as using signs or pictorial cards. There was a good rapport between the staff and the people they supported, and people living in the service interacted freely with staff.

People’s care documents showed that people and their relatives had been involved in the assessment of their needs. This was confirmed by relatives, one of whom said, “They kept me and [person] involved in the process of planning moving in.” Another relative said, “I was involved in the assessment right from the beginning and in [person’s] care plan. They were interested in what I could tell them, asked so many questions and listened about likes and dislikes so they knew how to help [person].”

Staff members were enthusiastic about the care and support that they provided to people and told us how people were involved in decisions about their care. This included asking people for their preferences, for example, in relation to food, social activities and holidays. People

were encouraged to maintain their independence. In line with risk assessments, some people made their own breakfast and participated in planning the weekly shopping and the menu.

People who needed support with personal care were assisted discreetly and with dignity. Staff spoke quietly with people about matters relating to personal care. A relative told us that staff very much respected the person’s dignity ensuring they were always nicely dressed and in a way that helped to be discreet with continence support. Another relative said, “They do ensure respect and dignity in the way they talk to [person] and in making sure they are appropriately and nicely dressed always, this means that people outside do not stare so much. What I see they respect and treat [person] like family.”

People lived in an environment that was like a family home and their bedrooms were decorated in a way that reflected their individual interests. A relative said, “[Person] was able to visit lots before moving in. They were able to choose their own bedroom and be involved in the style of decoration.” A care professional told us that the service offered people a relaxed atmosphere, that there was good banter between staff and people and that their rooms reflected their own personalities.

People were supported to maintain relationships with family and friends. One relative told us, “They bring [person] to visit me and fetch them afterwards, not a short journey, so they really support and encourage our relationship. They also take [person] to a local club here, helping them to keep up with friends and people that [person] knows.”

Is the service responsive?

Our findings

People and their relatives had been involved in planning their care. Each person had a detailed support plan that was signed, where possible, by the person. Care plans included information on people's need as well as their preferences and interests. The plans provided clear guidance to staff on how to support people in ways that met their individual needs and limited any risks to their wellbeing.

People received responsive support to meet their needs and improve their quality of life. A relative told us that a person became upset about leaving their family members after home visits. Staff responded by suggesting they collected the person from their family home as they liked going out in the car with staff. This approach was successful and advised as less stressful for both the person and their family.

Another relative told us that staff were supporting the person with strategies to manage an individual behaviour. This encouraged the person to act in an age appropriate way that enabled them to be more accepted in the community, so opening up a wider world for them. A care professional told us, "It is refreshing to have such a person centred service... a lovely example of care and support working well."

People had opportunities to follow social and leisure pursuits that interested them. This was included as part of their care planning and recorded each day to confirm what activities the person had been involved in. This included a recent holiday abroad. One relative said, "[Person] has plenty of activities and goes to their clubs." A care professional told us, "People all seem happy and have busy, active lives to reflect the choice and control they have over their everyday lives."

The provider had a complaints policy and procedure in place. The complaints information gave people timescales within which response and actions would be implemented so people knew what to expect. Information was also included to guide people on how to take their complaint further if they were dissatisfied with the provider's response. Information was available in an easy read format that encourages people to 'speak up' if they had any concerns or worries. A system was in place to record complaints and to show any outcomes or learning identified. The manager told us that no complaints had been received since the service was registered so we were unable to judge the procedure's effectiveness.

A relative told us, "I asked them to tell me everything and I would tell them everything. It helps me and it helps them and they are very good at that and I worry less. I could tell them anything."

Is the service well-led?

Our findings

The service had a registered manager in post. The provider also visited the service regularly. All the people we spoke with made positive comments about the management team and found the service to be well-led. One person said, "I am happy with [provider] and the whole team. [Person using the service] has improved so much since being there. I think they are really good at managing. They manage that service pretty well and I trust them." A care professional said, "The service is well organised, the manager seems to organise their diaries well and they are always available for meetings."

The atmosphere at the service was open and inclusive. Staff told us they received good support from the manager who was always available should they need guidance. Staff were able to express their views in monthly staff meetings and told us that the management team listened to them and that they felt valued. Staff told us they enjoyed working in the service.

Staff were clear of their role and the role of others in the service. They were also aware of the provider's visions and objectives for the service. These were included in the staff handbook and discussed in the regular staff meetings. A care professional told us, "Managers always seem willing to

be flexible. They expect high standards and accept any feedback, good or bad as a way to improve or develop their service. In my opinion they always maintain good, effective communication with professionals, liaising to get what is best for those the care for."

People were involved in shaping the service. They had opportunity to express their views and wishes in monthly meetings with staff. The provider told us of their plans to provide a quality survey to people using the service, relatives, staff and professionals as the service had now completed the first year in operation. The feedback of this would be used to develop the service in a way that better met people's needs and aspirations.

The provider had systems in place to monitor and improve the service. There was a system to check people's personal money and medicines daily and clear records were maintained. A range of audits were completed such as of health and safety, fire systems and premises maintenance. Staff signed to confirm that any issues identified had been addressed to ensure continuous improvement. The provider also employed the services of an external consultant to visit the service and review practices and procedures to ensure that these were of a suitable standard and that the service's values were being met.