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Orla House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Orla House is a residential care home providing personal care and support to 10 people living with learning disabilities such as autism, and physical disabilities, who were aged 40 and over at the time of the inspection.

The service is registered for the support of up to 14 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area along with other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
People were supported by an exceptionally caring staff team who knew them well. The staff team demonstrated passion and determination to support people to lead fulfilling lives.

There was a strong focus on treating each person as an individual and supporting people to be active participants within their local community. Staff clearly understood the support each person needed.

Care plans were highly personalised in relation to all aspects of the support each person needed. Staff understood each person's individual style of communication.

Staff worked with a wide range of professionals to improve peoples' health. Peoples' social needs were met through a clear understanding of the things people enjoyed doing.

People were safe. There were sufficient staff with the skills and knowledge to give people the support they needed, at the right times. This meant people received support from a consistent staff team they knew and trusted.

Measures were taken to minimise risks to people's safety. Risks to people's health and safety were assessed and staff knew how to support people to remain healthy and safe. Medicines were stored and administered

safely. Staff understood how to keep people safe from infection. The accommodation and equipment were well maintained, checked and serviced.

The service was well-led. There were checks and measures in place to ensure all aspects of the service was consistent. The registered manager and established staff team reviewed the service regularly and consulted with people who used the service, friends and family to consider any improvements needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 9 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Orla 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.

Inspection team
This 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
Orla 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
Before the inspection we looked at the information we had received about the service since the last inspection. This includes notifications and information from other agencies and professionals.
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 contacted Healthwatch for information they held about the service on their database. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to

plan our inspection.

During the inspection
We spoke with three people who used the service and two visiting relatives and friends about their experience of the care provided. Five people living at the service were attending day centres during the inspection, but arrived home at the end of the inspection. We spoke with seven members of staff including the registered manager, senior care staff, care staff and a member of domestic staff. Some of the people living at Orla House had limited verbal communication and therefore we observed staff interaction with people living there. Some people were able to understand our questions and responded to us in their own individual ways. We spoke with one visiting health professional during the inspection, to gain their opinion of the service.

We looked at records relating to the service including staff recruitment files, rotas, medicine administration, care plans and daily records, audits and monitoring reports.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were confident they could identify signs of abuse and knew how to report their concerns. They were confident the registered manager would listen to their concerns and take appropriate actions if necessary. They also knew how to report their concerns to relevant external agencies.
- People were protected from the risk of abuse because the provider had a range of systems in place to minimise the risk. Staff received training and regular updates on abuse. Policies and procedures were in place and staff knew where to find these.
- The registered manager and staff team worked closely with the local authority safeguarding team where any incidents had occurred. The registered manager told us the safeguarding team had been very supportive particularly in relation to people at risk of financial abuse and at reducing the use of excessive medication for restraint.

Assessing risk, safety monitoring and management

- Risk assessments were robust, clear and concise for every element of people's care and support needs. They were regularly reviewed with relevant community teams and family members or advocates to ensure people had the correct support in place.
- Where people were at risk of illness, records showed the risks were monitored regularly and appropriate actions taken. For example, where people were at risk of weight loss they were weighed regularly. The service had taken advice from relevant health professionals to ensure people maintained a healthy weight and dietary intake.
- Staff were knowledgeable about people's risks and were able to explain peoples' individual dietary requirements and the care they needed. If people were at risk of choking, care plans contained detailed information on the level of risk and actions to be taken to minimise the risk. Staff had received training on choking risks, and staff had also attended training on thickening agents and modified diets.
- Risks relating to the environment were regularly assessed, and actions taken to ensure the environment remained safe. Equipment such as hoists, lifts and fire safety equipment were serviced and checked. Emergency plans were in place to ensure people were supported safely in the event of a fire.

Staffing and recruitment

- The service was staffed by a knowledgeable and experienced, stable staff team. All of the staff we spoke with during the inspection told us that they were happy in their roles. One staff member told us, "It is a real privilege to work here, making a difference to peoples' lives. I wouldn't want to be anywhere else."
- We saw there were sufficient staff employed to meet people's needs at all times of the day and night. Staff

were willing to cover shifts at short notice if colleagues were unexpectedly off for any reason.

Using medicines safely

● Medicines were stored and administered safely. The registered manager had an up to date medicines policy to ensure all medication systems followed current best practice. Guidance from the dispensing pharmacy relating to medicine administration had been sought by the registered manager.

● All dispensing staff had received training on safe administration of medicines and their competency was checked regularly.

● Care plans contained information about each medicine prescribed. Where people had been prescribed medicines to be administered on an 'as required' basis, care plans explained clearly how and when these should be administered.

● Records of medicines administered had been signed by staff and witnessed by a second member of staff. There were no unexplained gaps. The amount of each medicine remaining was checked each day to ensure the correct amounts had been administered.

Preventing and controlling infection

● The service was clean and free of odour.

● Care staff had received training on infection control and knew how to protect people from the risk of infection. Care staff were supplied with personal protective equipment such as gloves and aprons to reduce the risk of cross infection.

● The registered manager had an up to date infection control policy in place for the service, and staff attended regular training.

Learning lessons when things go wrong

● Where any mistakes had been made there was a positive ethos in place. Errors were investigated and discussed with the staff team. The registered manager and staff worked together to agree actions to be taken to prevent recurrence. The registered manager had a candid and open approach towards this process.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- People's needs had been fully assessed and care plans provided detailed information to staff on how each person wished to be supported. Care plans were person centred and detailed, and families and advocates were involved in supporting people to be partners in their care.
- Care plans were reviewed regularly to make sure they accurately reflected the person's needs and wishes. Care plans contained evidence of promoting choice in all areas of daily activities. We observed staff offering people choices throughout the day about the things they wanted to do.
- People received care and support that fully met their needs and was in line with current good practice.

Staff support: induction, training, skills and experience

- Staff were well trained for their roles. We saw that a member of staff who had recently been employed had been through a thorough induction process.
- Staff had received extra training in subjects which enabled them to support people to live healthy and happy lives, for example; working with people with complex needs, autism awareness training, and training on specific equipment to move and support people effectively.
- Staff received regular training and updates on topics relevant to their jobs. The registered manager sourced a specialist external trainer who provided the majority of the training to staff. Some training was provided by external health teams, for example regarding tissue viability or choking risks. The registered manager ensured staff attended all training they had identified as essential.

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

- People were supported to eat a nutritious range of meals to suit their preferences and dietary needs. A visiting relative told us, "The food looks delicious and the big salads look beautiful. The place is clean, and the kitchen is spotless."
- People were supported to make choices about the food they wanted to eat. They were shown photographs of meals to help them choose what they would like to eat. The service did not have a dedicated cook, as people were encouraged to assist with the cooking along with the staff, who were all trained in food hygiene.
- People, staff and relatives told us that dining was very much a communal affair, which we observed to be a sociable, relaxed experience. The service also had 'elevenses', where everyone who was present at 11am, was encouraged to have a drink and a chat around the large dining table with the staff each day if they wished.

● Daily notes in care plans documented details of the choices people had been offered and the food and drinks they had chosen.

Adapting service, design, decoration to meet people's needs
● People lived in accommodation that suited their needs. There was level access out to a well-maintained garden area with sensory planting and a patio seating area. People spoke fondly of the barbeques they had in the summer months. Equipment was provided where necessary to help people move around safely.
● People had been supported to decorate their bedrooms according to their personal tastes and interests. People and staff had recently decorated the service ready for Christmas, with brightly coloured lights, trees and home-made garlands.
● Signage was supportive for people living within the service to enable them to access all areas of the building safely.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● The registered manager and staff understood each person's individual health needs. They recognised the signs of illness for each person and sought health care treatment and advice promptly when needed. For example, a district nurse was called out urgently for a person requiring a replacement item of equipment on the day of our inspection. This health professional gave very positive feedback to the inspection team regarding the service, saying that, "Staff were fabulous, and they had a good rapport with people."
● Evidence of actions taken and communication with health and social care professionals was prominently placed in care plans to ensure staff had up-to-date information on treatment and health needs.
● Care plans contained detailed information on each person's oral health needs and how they wished to be supported by staff. People received regular dental check-ups and treatment. Where people were anxious or resistant about attending the dentist, this was detailed in their care plans. A member of staff had experience as a dental nurse and was working with people to reduce their levels of anxiety and to ensure best practice in oral care was followed in the service.

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.

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.

● Staff had received training and guidance on MCA and DoLS. Staff understood the importance of supporting people to make choices about their daily lives. Where people had been unable to make important choices, records contained evidence to show that staff had followed best interest procedures to agree appropriate actions with professionals, relatives and advocates on behalf of the person.
● People's rights under the MCA were respected. Where people lacked the capacity to consent, an assessment had been completed and if required, a decision had been made in their best interest.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People's independence was promoted and actively encouraged. Staff told us how they supported people to do as much for themselves as possible, and to be actively involved as partners in their care. One person told us how happy they were living here, and that the staff were, "My family."
- Some friends visiting one person told us, "We have been friends for many years and we visit every other month. We have no concerns, it is a super place. The staff are wonderful and always make us feel welcome."
- People were fully engaged as active participants in the local community, through attendance at local day centres, colleges, and by going out independently to local events and shopping. The service had access to two adapted vehicles, which allowed all people to access the community for events. People told us how much they enjoyed 'fish and chip night' on a Wednesday, and visits to the local pub or other day trips.
- People's privacy, dignity and happiness was central to the service's culture and values. People, relatives and staff told us they felt respected, listened to, and influential within the service. A relative had commented on a feedback form, "Orla House is our relatives' home and not a care home. They are very happy". One member of staff told us, "Why would you want to work anywhere else." Whilst another told us it was their, "Dream job."
- We saw that staff were highly attentive to people and protected their privacy, dignity and respected their preferences at all times. We observed that while two staff were supporting a person to move with a hoist, they spoke very sensitively and assisted the person with great care. The person responded to the staff with a beaming smile.
- We saw that people's wishes and dreams for their future had been considered and discussed with them throughout their care and support planning. Each person had a section called 'What is important to me', which had been fully discussed with them and their families, friends or advocates. One relative commented, "All our relatives needs are 100% catered for and they feel loved."
- People were supported to express their views in a way which suited them. Some people used signs, pictures and specific communication tools to express their needs to staff, if they were unable to express themselves verbally. We observed this interaction between staff and people during the inspection.
- People were supported by staff who knew them well, and who effectively coordinated people's support. Staff used recognised good practice guidance to effectively plan people's care and support. They incorporated life histories, and positive behavioural support plans in relation to minimising risk and tailoring people's care and support to their individual requirements.

● The registered manager had sought to ensure that people were able to maintain relationships that were important to them. One relative who lived abroad was regularly in contact with their relation through the use of the internet and had commented, "I believe that the care my relative receives at Orla House is more than simply 'care', it is the love, attention and understanding that one would usually only find in a close family unit."
● Staff provided support to meet the diverse needs of people using the service including those related to ability, gender, ethnicity, faith and sexual orientation. These needs were clearly recorded in support plans and all staff we spoke with knew the needs of people well. For example, people's faith requirements were fully considered; we saw that the service had regular communion from a priest, with other religious denominations discussed with people and accessed as required.
● We saw that the staff had accessed independent advocacy support for people who had no family or friends to act on their behalf or in their best interests.

Ensuring people are well treated and supported; respecting equality and diversity
● We saw that staff spoke to people with genuine kindness and compassion. They were attentive, caring and we saw lots of positive interactions with people throughout the inspection.
● People were consulted on everything throughout the day, for example, staff would ask a person, "Is it ok if I sit down here next to you?" each time they approached a person, giving choice, without assumption.
● People were asked throughout the day, "What would you like to do next?" and we saw some people chose to watch a DVD, whilst others chose colouring books, word games or for one person they wished to have a sleep in their room in the afternoon.
● Staff were extremely knowledgeable about people, their support needs, preferences and personal histories. This meant people and their relatives could discuss things with them and were interested in ensuring positive and meaningful interactions between people and staff.
● People were valued and supported as individuals. Staff helped people to understand the consequences of their actions when exploring their sexuality and supported them to learn how to stay safe when considering their emotional involvement in relationships. This was documented clearly in peoples' care and support plans.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- The service provided was flexible and responsive to people's individual needs and preferences. Staff enabled people to live their lives as fully as possible and encouraged active engagement.
- People had very detailed care and support plans in place, which reflected their current needs. These plans were regularly reviewed and amended within a multi-disciplinary meeting involving the teams involved with each person's care. Care plans were personalised and contained information about how a person should be supported in all areas of their care and support.
- People's preferred support routines were detailed and incorporated their preferences and skills as to what they could do for themselves. The plans contained information about how people communicated specific triggers or things that may make them anxious. For example, we saw that staff supported one person very well who could become anxious about what time their next cigarette was. This person had a clear plan for smoking cessation, and the staff were engaging the person very effectively with other activities of interest to them.

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 were provided with information they needed to make decisions in a format they understood. One person told us they preferred to look at pictures as this helped them understand this better and we saw this was provided for them in their support plan.
- The registered manager was receptive in providing any aids to help communication with people. This included computer devices, mobile phones, alarms, signage, easy read material and others.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People took part in a wide range of activities to meet their needs. People were fully involved with activities of daily living. For example, preparing meals and snacks, meal planning and shopping. People were supported by staff to attend activities and events in the community which were of interest to them.
- The service held regular chair-based activities for people called 'Fit by Sit', which were carried out by an external professional. People told us how much they enjoyed these sessions, which were fully inclusive for

everyone living at the service.
● People's care records showed that they were supported to participate in a wide range of activities that ensured that they had a good day. People's daily records reflected that people enjoyed the activities and were supported to be active participants within their local communities

Improving care quality in response to complaints or concerns
● People had information about how to complain should they wish to. The complaints information was available in easy to read formats to help people understand. These were displayed at the service.
● Any learning from incidents was shared amongst the staff team and used to improve service delivery.
● People and their relatives told us they had confidence in the management team and felt that any concerns or queries they raised would be dealt with quickly. We saw from the recent quality survey sent out to relatives that nobody had said they had any concerns or complaints regarding the service, but they were all clear about the complaint's procedure.

End of life care and support
● End of life support plans were in place for each person detailing how people wished to be supported at the end of their lives.
● We saw that staff had training in this area and had supported people with understanding death and bereavement. People had meaningful discussions regarding this recorded in their care and support plans.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same

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

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

- The service was led by a motivated and committed registered manager, supported by a team that strived to deliver the best person-centred care they could. The service's values of continuous improvement were clear for people and relatives to see and feel. These were delivered by the commitment of the whole staff team and the results felt by people receiving their support.
- People told us they felt the service was well managed, one person said, "The manager is open, friendly and they keep us informed of any changes with our relative."

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

- People who used the service, relatives and staff were involved and consulted regarding their thoughts on the service. Surveys had considered each person's communication style and ensured each person was given the right support to make their views heard. The registered manager had utilised internet services and email to enable people to contact relatives who did not live in the local area or who lived abroad.
- Questionnaires had also been given to families and friends. Feedback was positive from everyone who had been consulted. Comments included, "You look after us like we are family and we thank you for it." and, "Our relative is looked after very well, we are fully involved, and we have total confidence in the staff."

Continuous learning and improving care

- The registered manager and staff team were supported and encouraged to learn and gain relevant qualifications. Staff told us they were supported to learn in ways that suited their individual learning styles. One member of staff told us, "I have done such interesting training, and learning from colleagues with more experience. It is the first job I have had where I go home, and say I've had a good time at work."

Working in partnership with others

- The visiting health professional we spoke with told us communication with staff was excellent, and that any direction or clinical advice given was always followed. The registered manager worked effectively with a wide range of health, social care and voluntary sector organisations to improve the quality of care and support for people.

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 understood their responsibility to notify all relevant agencies, including us, when issues had arisen. The registered manager sought advice when issues had occurred. There were robust governance processes in place. This gave a clear oversight of the service to ensure appropriate actions were taken to prevent recurrence.

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

● There was a clear management structure and staff understood their roles and responsibilities. There was a registered manager and senior staff who supported the whole staff team.

● The registered manager had a range of measures to monitor all areas of the service and make continual improvements. Audits were carried out by the registered manager and these were shared with the staff team at regular meetings. These included medicines and care plan audits.