Oakleaf Care (Hartwell) Limited

Orchard House

Inspection report

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Date of inspection visit:
08 March 2017

Date of publication:
27 April 2017

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

This unannounced inspection took place on 8 March 2017.

Orchard House is registered to provide nursing and personal care for up to 22 people. It provides rehabilitation and care services to people with acquired brain injuries, other neurological conditions and complex physical disabilities. At the time of this inspection there were 17 people living in the home.

There was a registered manager in post at the time of our inspection. 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.

People were supported to develop and maintain life and social skills and regain as much independence as possible, using individually created rehabilitation programmes. The support for this was provided by a skilled, multi-disciplinary staff group, who shared a strong person centred ethos.

People felt safe in the home and received safe care and support. Relatives said that they had confidence that people living in the home were safe and we observed that people were comfortable in the home. Staff had an in depth understanding of their role in safeguarding people and they knew how to report concerns. Staffing levels ensured that people received the support they required at the times they needed it.

The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the service. Staff received the training and support required to enable them to understand and meet the care needs of each person.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health as staff had the knowledge and skills to support them and there was prompt access to healthcare services when needed.

People were fully involved in decisions about their care and support needs and this had a positive impact on their ability to be as independent as possible. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff provided people with information in the most appropriate way to enable them to make informed decisions and encouraged people to make their own choices.

Staff were committed to the work they did and had good relationships with the people who lived in the home. People interacted in a relaxed way with staff, and relatives consistently spoke about the positive impact living in the home had made to people's lives.

People and their relatives were fully involved in the planning of their care and felt included in discussions, being able to have their say at each step of the way. Staff listened and respected people's views about the way they wanted their care, treatment and rehabilitation to be delivered

People participated in a large and varied range of activities within the service, the local community and further afield. The atmosphere in the home was very positive and people were enthusiastic about past and future activities.

Staff were aware of the importance of managing complaints promptly in line with the provider's policy. People living in the home, their relatives and staff were confident that any issues would be addressed and that if they had concerns they would be listened to.

The service was well led and people's relatives and staff had full confidence in the leadership of the registered manager and management team. The provider ensured that the service was well supported and effective systems were in place to assess and monitor the quality of service.

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

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Robust recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to
ensure they had the skills and knowledge to support people appropriately.

Peoples physical and mental health needs were kept under regular review.

People were supported to access appropriate health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

Staff had a good understanding of people's needs and

preferences and worked with people to enable them to communicate these.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Is the service responsive?

Good

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or
make a complaint and a system for managing complaints was in place.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post and they were active in the management of the service.

Management arrangements were in place to ensure the effective day to day running of the service. The management team were very approachable and supportive, toward people, relatives and staff; helping them to reach their full potential.

There were systems in place to monitor the quality and safety of the service and actions were completed in a timely manner.

Orchard House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 8 March 2017. The inspection was unannounced and was undertaken by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted the local clinical commissioning group (CCG) who commission services from the provider.

During this inspection we visited the home and spoke with seven people who lived there and spoke with four of their relatives. We also looked at care records relating to three people. In total we spoke with nine members of staff, including community support workers, therapy staff, nursing staff and members of the management team; including the registered manager. We looked at five records in relation to staff recruitment and records related to the quality monitoring of the service. We made observations about the service and the way that care was provided.

Good

Is the service safe?

Our findings

People were supported in a way that maintained their safety and they told us that they felt safe. One person said "I feel safe here" and another smiled and gestured with a "thumbs up". People's relatives were confident that their family member was supported in a safe way; one person's relative said "We have 100% peace of mind about [Name's] safety." We observed that people in the home were happy and comfortable with the staff supporting them and that people were comfortable interacting with each another.

People were safeguarded against the risk of being cared for by unsuitable staff. Recruitment files contained evidence that criminal record checks were carried out and satisfactory employment references were obtained before staff were allowed to work in the home.

There were enough staff to keep people safe and enable people to take part in their individual programme of activities. People considered that there were enough staff on duty saying "Yes there are enough" and "More than enough." One person's relative commented "The ratio of staff to residents is good". Staffing allocation was directed by the needs of the people living in the home and adjusted to accommodate their activity programmes. Staff told us "There are always enough staff and if for any reason we are short we have regular agency staff."

Safeguarding policies and procedures were in place and were accessible to staff. Staff were aware of safeguarding procedures and had received training in safeguarding. Discussions with staff demonstrated that they knew how to put these procedures in to practice and staff described how they would report concerns if they suspected or witnessed abuse. One member of staff said "I would report any concerns to the nurse in charge, but if I had to go outside I'd report to CQC or the safeguarding team at the local council". The manager had submitted safeguarding referrals when necessary, which demonstrated their knowledge of the safeguarding process.

People's medicines were safely managed and people told us that the nursing staff gave them their medicines when they needed them. One person said "I take tablets three times a day, the staff manage it all.". During our inspection we observed nursing staff giving medicines; we saw that they were patient and offered each person the support they needed. Staff had received training and had their competency assessed prior to taking on the responsibility of medicines administration. The medicines policy covered receipt, storage, administration and disposal of medicines.

Robust risk assessments were in place and these were focussed on enabling people to take positive risks, as they worked towards regaining independence and achieving their rehabilitation goals. Staff demonstrated an understanding of the actions that they should take to mitigate the risks to people and the need to adapt the level of support they provided depending on the person's needs and circumstances. For example we observed one member of staff intervene in a calm and timely manner to diffuse a potential disagreement between two people, by encouraging one person to take part in an activity in a different area of the home. People or their representative had been involved in the development of their individual risk assessments and care plans and had signed these to demonstrate that this was how they wanted to be supported. These

provided staff with current, detailed information about how to support people safely with their individual activity programmes. For example, individual care plans and risk assessments were in place for trips outside of the home, falls, nutrition and skin integrity.

People lived in an environment that was safe. There were environmental risk assessments in place and a list of emergency contact numbers was available to staff. Contingency plans were in place in case the home needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation. People were protected from the risk of fire as regular fire safety checks were in place.

Good

Is the service effective?

Our findings

People's needs were met by staff that had the required knowledge and skills to support them appropriately. New staff received a comprehensive induction which included a week long brain injury awareness and introduction to Oakleaf training course. This covered a wide variety of topics such as the roles and responsibilities of the different disciplines within the staff team, confidentiality, record keeping and mental capacity. One member of support staff said "The brain injury training was very helpful; it taught me about the different ways people may behave and how to respond to them". New staff also shadowed experienced members of the staff team until they were confident and competent to work unsupervised. Another member of staff said "The induction was very good, I looked around the home, I had time to read people's care plans and get to know them and I always knew who to go to for support and advice".

Staff received mandatory training such as first aid, fire safety and manual handling. Additional training relevant to staff members' job role and the needs of the people they were supporting was also provided; this included training in the therapeutic management of violence and aggression for all staff and defibrillator training for qualified nursing staff. Therapy staff were involved in providing training sessions related to their discipline; for example one of the occupational therapists facilitated workshops for staff focussed on people's individual hygiene programmes, this ensured that all staff were working consistently when providing care to people. Commissioners told us "There is always someone knowledgeable available to discuss people's support needs." There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed and training requirements were regularly discussed as part of supervision.

People's needs were met by staff that were effectively supported and supervised. Staff were able to gain support and advice from clinical staff and the management team when necessary and regular supervision meetings were available to all staff. The meetings were used to assess staff performance and identify on-going support and training needs. One member of community support staff said "I have supervision with the nurse, it happens regularly but we can request a meeting whenever we want to; the nurses and clinical lead are very supportive."

People received care and support from staff that had received the training they needed to ensure that support provided was in people's best interest. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and applied this knowledge appropriately. The MCA 2005 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. The registered manager and

staff were aware of their responsibilities under the MCA and DoLS codes of practice. Care plans contained assessments of people's capacity to make decisions and when 'best interest' decisions had been made following the codes of practice. The registered manager had followed the legal process when applying for DoLS authorisations to place restrictions on people's liberty to leave the building unescorted in order to keep them safe. Staff that we spoke with knew where to find information relating to MCA and DoLS and we observed that they asked for people's consent before providing support.

People told us that the food they received was good and that they were encouraged to make their own choices about meal options; including whether they would like their main meal at midday or in the evening. One person said, "It's a lot better than average. There's a wide range of choice. You can always ask staff if you want anything at night." People's weights were regularly monitored to ensure that people remained within a healthy range. A dietician visited people regularly to ensure that they were receiving nutritionally balanced meals and staff consulted with a speech and language therapist where appropriate, to ensure that the food provided was the right consistency to meet people's specific requirements. Where people received their nutrition by a percutaneous endoscopic gastroscopy (PEG) tube, staff followed the advice of appropriate health professionals. Staff received training in the care of PEG tubes and the procedures and protocols to be followed to ensure safe administration of food and fluid. Records confirmed that people were supported to have a sufficient amount to eat and drink, based upon their specific dietary requirements

People's healthcare needs were monitored and care plans ensured that staff had information on how care should be delivered effectively. People had prompt access to a broad range of health care support both onsite and in the community. The service had introduced a practice nurse to provide for routine clinical needs such as blood tests, electrocardiogram tests and diabetes checks. Relatives told us that staff were prompt at obtaining medical support and communicated with them effectively regarding any medical intervention that was required. We saw instances recorded in people's care records when staff had promptly contacted health professionals in response to any deterioration or sudden changes in people's health and acted on the instructions of the health professionals.

Good

Is the service caring?

Our findings

Staff supported people in a respectful, kind and caring way and involved them as much as possible in day to day choices and arrangements. Staff had good relationships with people, one person said "They help me when I ask, they are friendly and helpful." Another said "The staff know me and know how to guide me". Staff demonstrated empathy and an understanding of people's support needs and challenges. One person told us that when they were having a difficult day staff provided them with increased support, saying to them; "We will get through this together."

We observed that family could visit whenever they liked and that staff were inclusive, warm and welcoming towards them. We spoke with people's relatives, who told us they were very pleased with the care and support provided for their family members; one relative said "The staff are very friendly and [Name] is very well looked after". Another person's relative told us that they felt involved in their relative's care and that they were able to observe therapy sessions, which they found helpful. The service provided a family liaison team who focussed on spending time with people's relatives to ensure that they were supported and continued to feel involved in the person's life. One relative told us "The staff ring us every morning and tell us how [Name] has been overnight".

Staff were committed to making people and their relatives feel cared for, often going the extra mile. For example, staff had donated furniture and household items to support people who were ready to move on from the service but did not have the funds or support to obtain these items themselves. Staff had also arranged for one person's ashes to be taken and scattered on a close relative's grave when they passed away as there was no one else to do this. It was clear that staff's care for people went beyond the time they spent at the service.

Staff demonstrated a genuine consideration for people's well-being and were committed to supporting them to meet their rehabilitation potential; one person said "You can tell that the staff want you to get better, they are very positive and encouraging". Another person's relative said "We feel that the staff really want [Name] to progress, they are supporting them to their full potential." Staff were consistently positive and encouraging and talked passionately about the support they delivered. One member of therapy staff said "This is a really good service, I feel proud to work at Orchard House; the needs of the people who live here come first."

Staff knew about people's past lives and the people and things that were important to them. We saw people chatting with staff about their families and interests, and people gained a lot of enjoyment from this. We heard staff talking to one person about a recent breakfast club that they had been instrumental in organising and had raised money for charity. The person was very proud of their efforts and responded positively to staff talking about their achievement. Staff were able to tell us about people's particular interests and we saw that some people had chosen to have photos that reflected these interests on their bedroom doors. For example one person was interested in boxing and had an image of a boxer on their door. Each person had a booklet called "All About Me"; this had been completed by the person or their family and contained information for staff such as; how the person communicated, their family and

significant events in their lives. This enabled staff to understand people's backgrounds quickly and interact in a more meaningful way with them.

People were encouraged to express their views and to make choices. There was detailed information in people's care plans about their preferences and choices regarding how they wanted to be supported by staff and we saw that this was respected. Staff described to us how they supported each person as per their individual rehabilitation programme which had been devised and agreed with them or their representative. One person's relative told us "We had [Name's] care plan explained to us, we read it and signed to show that we agreed with it. If there need to be any changes to the care plan we are told straight away."

The registered manager was aware of how to access advocacy services on behalf of people and information regarding advocacy services was available in the service user guide. Information was available to staff regarding people who had a lasting power of attorney or an advocate in place.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. People's dignity and right to privacy was promoted by staff. One person told us that they found it difficult to accept help with personal care, but that staff did their best and worked with them appropriately. Staff were able to explain how they upheld people's privacy and dignity by taking into account their personal situation and needs and attending to these in an individualised way. Therapy staff were very involved in people's personal hygiene routines and acted as a role model for support staff to ensure the consistency required to enhance people's progress. Staff also described the importance of knocking on people's doors, asking people what they wanted and allowing people the time they needed to do things. We observed that staff knocked on people's bedroom doors and waited to be invited in before entering the room.

Good

Is the service responsive?

Our findings

People had comprehensive assessments before they came to Orchard House to determine if the service could meet their needs and ensure that they and their family had sufficient information to make the decision about whether they wanted to move there. The assessment was carried out by a member of the management team, who met the person in their current placement. The findings of the pre admission assessment were integral to deciding whether Orchard House would be an appropriate placement. The outcome of the assessment was shared with staff and the person's support needs and any potential risks were discussed.

The assessment and care planning process considered people's values, beliefs, hobbies and interests along with their goals for the future. One relative said "The staff have really pushed [Name] to their full potential, their mobility has improved and they can now use a standing frame." People's care plans covered all areas of their support needs including their personal care needs and routines, health needs and behaviours. The overall emphasis of people's care plans was how staff could support them to achieve a lifestyle of maximum independence and move on to more independent living. One member of staff said "The rehabilitation is really good; it's about people progressing in all areas of their lives". Local commissioners who worked with the service told us "The service gets good outcomes for people and they are honest when people have reached their potential." People had behaviour observations and interventions recorded which were regularly checked by a member of the psychology team. These helped to ensure a consistent approach from all staff and plans of care were updated in light of the findings of the detailed analysis of any behavioural incidents that occurred.

People and their relatives, participated in the assessment and planning of their care through regular review meetings. All involved professionals reviewed a person's care needs and progress within a wide range of areas, including communication, mobility and therapy as part of a regular review. One of the commissioners said, "When a review is required the service always accommodates this and provides any reports that are needed." Throughout our inspection we observed that staff supported people in accordance with their care plans.

Each person had an individual programme of activity sessions that they had been supported to devise. Staff encouraged people to do the activities that they chose and were knowledgeable about people's preferences and choices. We observed staff supporting people to engage in activities in an enthusiastic and positive way. Activities were combined to provide people with a therapeutic mix that met both their support and leisure needs and all activities contributed to the end goal of increasing people's independence.

The service was innovative in its response to people's rehabilitation needs. It had recently introduced electro stimulation for people with movement disorders. Staff reported that this had resulted in a marked improvement in the physical wellbeing and ability of some people.

The service had a controlled multisensory environment on site. Staff demonstrated an exercise in the multisensory room designed to improve people's reaction and concentration which involved hitting a

button aligned with flashing colours. One person particularly enjoyed taking part in the activity and this had impacted positively on their reactive skills and core muscle strength. The person showed us the certificates they had been awarded for completing the activity and we could see that their score was consistently increasing. The multisensory room was used in conjunction with a sensory treatment and response assessment tool that was designed to establish people's baseline responses to stimuli and relate these to goals that the person could be supported to work towards.

People were encouraged to undertake activities outside on the site. The service had its own horticulture project with specialist horticulture therapists; a key focus of this was the creation of a nature reserve. People were supported to undertake woodwork; making wooden benches and bird boxes; items that they made were often sold at local fetes. We saw photographs of people completing activities, looking happy and content, smiling and really engaged with the activities they were undertaking.

The service had links with local organisations which enabled them to access a range of facilities as part of people's therapy programmes, for example hydrotherapy at a local pool. They also had access to a wide variety of onsite activities that were used as part of the rehabilitation process. This included a café, where people could socialise and a sports hall and gym where they could access physical activity and exercise. One person enjoyed boxing and there was a punch bag for them to practice on; staff had also supported them to attend a boxing match.

People said they were very happy with the service provided and had no complaints. There was a complaints policy and procedure in place. People were made aware of how to raise a complaint and the information was available in picture and written formats. Staff knew what to do if someone made a complaint to them and said that knowledge gained from any complaints would be used to improve the service they provide. During service user meetings, people were asked if they had any concerns that they wanted to share, there were also regular opportunities for people to speak in private to staff or members of the management team.

Good

Is the service well-led?

Our findings

The role of nominated individual and registered manager was undertaken by one individual, who was supported in the day to day running of the service by a multidisciplinary management team, that included both clinical and therapy staff. The management team had clearly defined areas of responsibility; people said that they were approachable and they had a great deal of confidence in their ability to manage the service effectively. People, their relatives and staff commented on the management team's competence and ability to ensure that the service provided positive outcomes for people. One person's relative said "We wouldn't want [Name] to be anywhere else, the service is very organised, communication is very good and [Name] gets all the therapy they need."

The management team provided clear leadership and used systems effectively to monitor how the service was working and whether the aims and objectives of the service were being met. This included their visible presence in the service, working alongside staff. All staff spoken with said that the management team was very hands on and involved in working with staff to support the people who lived in the home. Staff understood the vision and values of the service and talked about these in a positive way. One member of community support staff said that they worked at Orchard House to "Enable people to maintain and improve their independence". A member of therapy staff said "There is a real drive for improvement on this unit; [Clinical Lead] is so dedicated and passionate."

There were robust arrangements in place to consistently monitor and improve the quality of the service as regular audits had been carried out by the management team and registered manager. Audits included; care plans, medication, equipment and the environment. The registered manager maintained a clear overview of quality within the service as they reviewed all audits undertaken and ensured that any actions required were undertaken. For example care plan audits had highlighted a need for the review of some assessments to be more clearly recorded and this was in the process of being implemented.

The service had a philosophy of continual improvement. The clinical lead nurse told us about a project that the service was taking part in to monitor the rate of infection amongst people. By monitoring baseline observations of people and entering them into a computerised system, nursing staff were able to monitor the impact of infection upon people and be vigilant to any changes which might cause deterioration in people's health. A member of therapy staff told us "No one's afraid to point out if things can be improved; the needs of the people come first".

People were supported to become involved in the local community. The service had forged links with local organisations and events, for example people had been involved in the maintenance of the local church grounds and often supplied produce they had grown to local fetes. The aim of this was to provide people with a foundation for gaining new life skills and to encourage their on-going rehabilitation and development. It was hoped this would enable them to become more independent. People and staff chose a different charity every year and worked together to raise funds. Fundraising activities had included a sponsored fire walk and coffee and cake sales. This gave people a sense of satisfaction and enhanced their self-worth.

People had many and varied opportunities to provide feedback, discuss their views about how the service was run and consider plans for the future. Regular meetings were held during which people were able to discuss their views of the service; for example provide suggestions or feedback about the activity sessions available. People were also supported to complete a regular survey, we saw that very positive feedback had been provided; for example one person said "I feel comforted and listened to by all the staff." Relatives were also invited to complete a regular survey and their feedback was extremely positive. For example one person's relative had said "The service is amazing and is providing my [relative] with the best care he needs". Relatives of one person had nominated the staff team at Orchard House for the provider's team of the year award.

Staff also had the opportunity to make their views about the service known. Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. We saw staff meeting minutes that demonstrated a positive culture, with discussions about teamwork, staff supervision and safeguarding. The registered manager responded appropriately to feedback received in staff meetings. For example a member of the psychology team had suggested a change to the way key information was recorded and audited to enable a clearer picture of people's progress to be defined; these suggestions were discussed during a team meeting and implemented.

The registered manager understood their role and promptly sent notifications to the Care Quality Commission (CQC) when required. We saw the provider had updated their Statement of Purpose regularly and in response to any changes. Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff who were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people and mental capacity.