

Action for Care Limited

The Orchard

Inspection report

Garman Carr Lane
Wistow
Selby
North Yorkshire
YO8 3UW

Tel: 01757268646






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12 December 2015

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

The inspection took place on 12 December 2015 and was unannounced. At the previous inspection of 7 January 2014 the service met all of the assessed standards.

The Orchard was first registered in Spring 2011 and provides personal care and accommodation for up to six adults who have a learning disability and associated complex needs. The service is a large modern detached house in the village of Wistow, a few miles from Selby town centre.

On the day of the inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that we had not been notified of incidents which had occurred in the home, as is required by legislation.

We found that improvements could be made to the recruitment and auditing systems within the home and we have made recommendations about these in the report.

People told us they felt safe and staff were aware of the actions to take should a concern be raised. There were risk assessments in place to help reduce the risk of harm to people. This included assessment and maintenance of the home.

People told us they were supported to receive their medicine and we found records for this were correct.

People told us they were happy with the staffing levels in the home. We observed there were fluctuating staff hours in order to meet the individual needs and preferences of people.

People were supported by caring staff who knew people's needs well. We observed staff offer choices and respect people's independence throughout our visit. Staff had been trained to understand people's rights around decision making and people told us they were supported with this.

People were supported to whenever possible be involved in the planning of their care and had care plans which reflected their individual personalities. These were regularly reviewed with people and kept up to date to help ensure staff were aware of people's latest need and choices.

People were supported to undertake activities of their choice including accessing to their local community and maintaining important relationships. People told us they liked the food in the home and were able to participate in the preparation of this.

People's health needs were clearly recorded and people had access to a range of professionals to help ensure these were met.

Staff knew their roles well and felt able to raise any concerns. Staff meetings and meetings for people who lived in the home took place regularly to help with consulting and supporting people about any changes in the home.

You can see what actions we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People were supported to be safe through risk assessments, safeguarding systems and adequate numbers of staff who were trained to safely support them.

Although medication records were up to date, minor improvement was required in the policy for disposal of medicine. Staff recruitment also required improvement in order fully follow the latest guidance.

Is the service effective?

Good ●

The service was effective.

People's rights, choices, decisions and independence were respected by staff in the home.

Staff received training and support to enable them to be effective in supporting people.

People's health needs were well recorded and people received support from professionals to ensure these were met.

People were able to make choices about and be involved with the meeting of their dietary needs.

Is the service caring?

Good ●

The service was caring.

Staff were supportive of people, knew people well and communicated in a respectful way.

People liked the staff team and relationships were mutual and respectful.

People felt their privacy and confidentiality were respected.

Is the service responsive?

Good ●

The service was responsive.

People were involved in and consulted about the care planning undertaken to help their needs be met.

People were able to live their lives as they chose and this included access to activities, their local community and maintaining important relationships.

People felt able to raise any concerns and that these would be dealt with correctly.

Is the service well-led?

The service was not always well led.

Notifications were not sent to CQC about incidents which had occurred in the home. Quality audit systems required further development to enhance consultation.

However, staff and people living in the home felt consulted and able to raise concerns and issues about the home.

Requires Improvement 

The Orchard

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 was unannounced and took place on 12 December 2015. The inspection was undertaken by one adult social care (ASC) inspector.

Prior to the inspection we reviewed the information we held about the service. This included any notifications of incidents the provider or registered manager had forwarded to us. We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met five people who lived in the home and talked in detail with three of these people. We interviewed two staff, spoke with the senior and deputy manager at the inspection and registered manager after the inspection. We reviewed the care files for three people who lived in the home, the recruitment and training records for three members of staff and other records in relation to the management of the home.

We observed conversations between people who lived in the home and the staff throughout the day. We spent time in and viewed some of the communal areas of the home. One person gave us permission to view their room but not to enter into it.

As the registered manager was not available at the time of the inspection they forwarded, at our request, some documents we were unable to access in the day, for example, staff recruitment documents.

Is the service safe?

Our findings

People who lived in the home told us they felt safe living there. Comments included, "Yes I am safe" and that they would tell staff if they were concerned.

Staff confirmed they had received training in the safeguarding of people. They were able to describe the safeguarding systems in the home, how they would recognise potential abuse and the actions they would take to protect people. One person also confirmed they were aware of the whistleblowing policy in the home. This was a policy where staff were supported to raise concerns and be protected whilst doing so. We also noted there was a copy of the local authority's procedure for the referral of safeguarding concerns held in the home. This would provide information to staff on the actions to take should a concern arise.

We found that an incident had previously been reported to the local safeguarding adult's team and support plans were in place to manage this. However, this had not fully addressed the issues and some incidents of potential harm were occurring. This was discussed with the deputy manager at the time of the inspection.

We recommend that auditing systems in the home include a review of any safeguarding incidents and responses to ensure these remain effective.

People's care plans included risk assessments which provided information on how staff should assist the person to remain safe. For example, there were risk assessments to help prevent people from developing a skin infection and also to help someone safely use the car. When someone had a specific mental health need which posed a risk to themselves or others we saw a risk assessment and risk management plan had been completed. This helped the staff to support the person, be aware of any triggers which would affect the person's mental health and what actions to take to prevent this negatively affecting the person's day.

Records were kept to evidence that weekly checks were undertaken of the environment and equipment in the home. This included, for example, checks to ensure the hot water temperatures were at a safe level, checks of the electrical systems and for the window restrictors. Additionally the registered manager forwarded us certificates to evidence the regular maintenance and checks of the electrical and gas systems in the home. All of these checks helped to ensure that people lived in a safe environment.

We saw that any accidents or incidents were clearly recorded. The registered manager had signed when they had reviewed each incident and the actions taken by the staff involved. In addition the registered manager completed an overall spreadsheet of individual incidents to identify if any lessons had been learnt and any changes or actions were required.

In addition to this there were generic risk assessments completed by the registered manager. These covered risk in the home. For example the risk of slips, trips and falls. All of these helped to ensure the risks of harm to people were reduced.

There was a service continuity plan in place. This provided staff with information on the actions to take in an

emergency, for example if there was a flood or electrical failure and would help staff to continue to meet people's needs whilst keeping people safe.

We looked at the system in the home for the safe handling, storage, administration and disposal of medication. People who lived in the home told us they received the right support from staff with their medication. We saw that all staff had been trained in the safe handling of medication.

There was a medication policy in place to support staff to follow safe procedures with the handling, administration and storage of medication. The policy included information on how to refer to best practice guidance but did not include information in relation to the safe disposal of medication. We discussed this with the deputy manager at the time of the visit who agreed to review this and told us about and showed us records of the disposal of medication from the home.

We found people had individual medication administration (MAR) records and these were clear and up to date. This included records of any 'as necessary' or PRN medication with the reason for the need for this medication also recorded. PRN is medication which a person may only need on specific occasions for example, pain management medication if someone had a headache. When necessary there were individual protocols for the use of PRN medication to ensure this was only used for a specific need and at the professionals recommended times.

Medication was safely stored with both daily and monthly checks completed to ensure that the balance for the amount of medication held in the home was correct. Daily temperature checks were undertaken to help ensure medication as stored at the correct temperatures. Some medication is required to be stored at specific temperatures to ensure it remains effective. We saw that checks were clearly recorded until 17 October 2015. We were shown some recorded temperatures after this point but these were on forms for the recording of the domestic fridge temperatures. The senior member of staff confirmed the incorrect forms had been used and this would be reviewed.

Staff confirmed to us they had provided information for recruitment checks prior to commencing working in the home. Staff recruitment records included evidence that staff completed application forms, attended for an interview and provided the necessary documents prior to commencing employment in the home. This included a Disclosure and Barring service check (DBS). This is a check of the records of anyone barred from working with vulnerable people. These checks help provider to ensure any potential staff are suitable to work with vulnerable people.

We saw for one person there were gaps between dates of leaving education and starting employment but no records to show that these had been checked as part of the recruitment process. In addition one person had only one reference to evidence their fitness to work in the home and another person's references were addressed 'to whom this may concern.' These issues do not follow best practice and had the potential for staff not to be correctly recruited in order to safeguard people living in the home.

We recommend the provider ensures the recruitment process follows latest best practice guidance. We also note that the provider forwarded one of the references following the inspection visit.

People who lived in the home told us they were well supported by the staff team and confirmed they felt there were enough staff. Staff also felt the service was never short staffed. We observed there were adequate staff to respond to people's needs throughout our visit.

The deputy manager told us about staffing levels within the home and how these fluctuated in order to

meet people's individual needs. Staff shift times were arranged around the daily support people required. We observed staff commence their shifts at differing times of the morning and were told about a future planned activity which meant the staff member would work outside of their normal hours to support the person. We saw staff duty rotas which recorded staff planned shifts to ensure consistent staff numbers over a 24 hour period.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The deputy manager told us one person was supported to have a DoLS in place; this was because specific support was in place to help them safely access their local community. Another person was supported with their finances by a nominated person who had having a lasting power of attorney. (LPA) An LPA is a legal method of giving legal authority for someone to make decisions on your behalf.

Staff confirmed they had received training in MCA and gave us examples of how they supported people to make choices and decisions. We observed people being supported to make decisions throughout out inspection. For example; one person was supported to decide upon their activity as this was dependent upon the weather on the day.

People's files included individual assessment of their mental capacity to make specific decisions. This included the administration of their medicine and the handling of their finances. We also saw people had provided consent for the taking of their photograph and when possible they had signed these documents.

Staff told us and we saw evidence of training for de-escalation of situations and physical intervention skills. Staff told us they did not "restrain" people but undertook a "little physical intervention". However, physical intervention is a form of restraint. We observed one occasion were a person was supported not react negatively when they were uncomfortable with an issue. We noted there were behaviour support plans held in people's files which included information for staff on what triggered a person's behaviour and what actions should be taken to help reduce these occurrences. These had been signed by individual staff to confirm they had read this information.

Two people confirmed to us they felt they were supported with their health needs. We saw people's files included historical and recent medical information to help ensure staff were fully aware of these needs. We found the information was clearly recorded and provided a detailed picture to staff.

Records also included how people accessed health professionals and how staff would follow the support and guidance given. The information included support from GP's and specialist health professionals. Staff

told us about visits to professionals and records included details of these visits the reason for and the outcomes. The persons information was reviewed on a monthly basis to ensure staff were provided with the latest information when supporting people.

People told us they liked the food in the home with one person confirming it was "nice". People also confirmed they had choices with their food and that they participated in the cooking of their food.

The deputy manager told us only one person received a specific diet and this was to help them manage a health condition. They confirmed no-one else in the home had been assessed regarding their dietary needs and no risk assessments were in place regarding this. People's records included details of their dietary intake each day and weight records to help monitor any change in this. The deputy manager confirmed these were monitored but this was not recorded separately. Although monthly reviews of people's care plans were taking place.

One person told us they felt staff had received the correct training to support them. Staff confirmed their training to us and we saw this recorded in the staff training matrix, individual records and certificates. The training included equality and diversity, food hygiene, fire, moving and handling and communication training. These records were regularly reviewed by the manager to help ensure staff remained up to date with their individual training.

A member of staff told us about their induction when they first started to work in the home and this was also recorded in their individual records. They told us how they had visited the home and spent time learning about the needs of the people who lived there. This helped them to prepare for their role and to be able to support people.

Staff told us they received regular supervisions sessions and would approach the managers with any concerns. We saw records of staff supervision and were told there was a supportive staff team who staff could readily approach.

One person told us about communication in the home. They told us how staff communicated with them and would speak on a one to one basis with them to ask their opinion of the home. They confirmed staff would tell them of any planned activity for example a BBQ.

The home is situated in a small village and is similar in appearance to others in the local community; as an ordinary residential house. We spent time in different areas of the home and found it to be warm, comfortable and clean. One person had specific mobility needs and their room was situated with easy access to communal areas so they were not isolated from others. The home was well decorated; there was a relaxed and homely atmosphere.

Is the service caring?

Our findings

One person told us they felt they were getting the right support in the home. They described staff as, "Kind, helpful and lovely" with another person saying staff were, "Alright". One person showed us the 'thumbs up' sign when asked about staff.

People who lived in the home told us they made choices each day about what they did and staff supported them with this. We observed staff respected people's choices and independence, for example, people were asked if they wished to speak with us and also if they gave permission for us to view their rooms. People were asked questions and supported with their decisions throughout the day, this included, what to eat, drink and what activity (if any) to participate in. Staff told us how they supported people in maintaining their independence this included providing choices and information for people and tailoring support to the individual.

We also observed staff provide people with information to help them make decisions about their daily lives. One person was being supported to plan their day and found it difficult to concentrate on this subject. The member of staff worded the conversation to remind and guide them on the planned task to help enable this to take place.

Another person was undecided on their activities for the day; again the conversation was supportive and guiding. Enabling the person to have the correct information to make decisions about their day. One person needed support to manage their mental health. Staff clearly knew how to support the person, what information or conversation topics would upset them and how to interact with them to help them manage their mental health.

We observed the interactions between people who lived in the home and the staff team. Staff approach reflected that they clearly knew people well and responded appropriately to requests for information and assistance. Staff told us they knew people's needs from reading people's support plans which included how people liked to do things and how they liked their support. They confirmed these were up to date with any changes.

People told us staff respected their privacy; they told us how staff always knocked on their door before entering their bedroom. One person also commented they felt staff maintained their confidentiality.

A member of staff confirmed how they ensured they maintained people's privacy. They told us how they ensured they knocked on people's doors and made sure people's privacy was respected with regard to personal care. They were also aware of confidentiality and when and where to discuss people's personal information.

We heard conversations between people who lived in the home and staff. These were polite and reflected a mutual respect. We also observed staff advise people on allowing others their personal space and privacy.

Is the service responsive?

Our findings

One person told us about their care plan, they told us how staff discussed this with them and then this was signed as agreed to being correct. They confirmed they participated in any reviews about their care and this took place in the office. However, another person said they didn't look at their care plan. We saw evidence in people's files that when possible people signed to confirm the detail of the care plan.

People's files included assessment information from the local authority and the providers own initial assessment of the needs of the person. People's files also included individual plans of care which covered a variety of areas, for example, mobility, sleep, social and cultural needs. This also included information about people's mental health and any support they required in order to maintain this. Information in people's files was person centred information for example, 'What people like about me', 'What they admired', 'What makes me happy' and 'How I want to be supported.'

There were daily occurrence sheets which recorded the person's activities, sleep, mood and diet. This provided staff with a picture of the person's day and assisted in monitoring the support the person received.

People's files included a weekly questionnaire to check how the person felt their week had been. This included questions about what had made the person happy what had gone well, what could change to make next week better and what support was needed from staff with this. This reflected a person centred approach to the support for people.

We saw peoples files were reviewed on a monthly basis with a summary of each area of care being completed. Any changes were noted and comments added to help ensure staff were aware of the latest needs of the person.

One person told us how they chose what to do each day, they said they had an activity planning document which recorded things they liked to do. They told us their independence was respected and how staff supported them to maintain this. Another person told us about the activity they participated in each day, this included dancing, bingo, housework and going out for meals.

People's individual files included information on their activities they complete, this included, for example playing snooker, swimming and attending clubs.

We saw and heard people being supported to access their local community. People's records included information about contact with relatives and how these relationships were supported. One person told us about a planned visit by one of their relatives. Another person told us how they had a specific religious need; they talked about how staff respected this and supported them with this.

Two people who lived in the home told us they would speak with staff or in one case the manager if they were not happy about anything in the home. They also confirmed they felt this would be 'sorted' and handled correctly.

There was a complaints policy held in the home. People living in the home told us they felt able to raise concerns. The deputy manager confirmed there had not been any complaints made to the home.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. Services are required by legislation to notify the Care Quality Commission (CQC) of certain incidents which occur within the home. This includes for example, notifications of safeguarding concerns or approval of applications to deprive someone of their liberty. We found there had been seven incidents which had occurred within the home but which had not been notified to CQC. We asked the registered manager about these and they informed us they were not aware of the need to notify CQC. This was a breach of Regulation 18 of the CQC (Registration) Regulations 2009.

One person told us how staff asked them their opinion of the home, that service user meetings took place and this gave them a chance to express their thoughts about the home. We saw there were records of monthly meetings with people who lived in the home. The topics included money and purchases, safety and any ideas from people. These were when possible signed by people who lived in the home to confirm the detail.

Staff told us how they were able to raise concerns with the managers in the home. Regular meetings took place for staff and included separate meetings for senior staff who worked in the home. These provided an opportunity to discuss a variety of subjects, including meeting the needs of the people who lived there. Staff confirmed to us these took place and one person told us they felt these were "Good" they could discuss changes, could express their opinion and felt listened to.

We asked the registered manager about the quality assurance systems within the home. They provided copies of monthly checklists which recorded audits had been completed and the next due date of these. They did not record any information on any areas for improvement or dates for this. There was no evidence provided of consultation of people who visited the service, for example professionals, as part of the quality assurance process.

We recommend the provider ensures the quality assurance systems include consultation with all stakeholders.

We saw people's records were reviewed on a monthly basis, medication was checked daily and staff training records were also reviewed. Records were clear and legible.

Staff files included copies of their terms and conditions of employment. From observation it was clear staff were aware of their roles and how to support people living in the home. Staff were able to describe people's needs and how they supported people. We saw people were supported to attend events in and to access their local community.

There was a statement of purpose held in the home which detailed the aims, objectives and philosophy of the home. It included reference to latest guidance and about supporting individuals. The management structure was detailed within here and this could offer clear guidance to staff on who they could approach

for support within their role. However, the nominated individual details were incorrect so the information was not up to date for staff. This had the potential for staff not to be aware of and able to access the correct support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifications of incidents in the home had not been forwarded.