

Leonard Cheshire Disability

# The Orchard - Care Home Physical Disabilities

## 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

We inspected The Orchard on 26 October 2016. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The Orchard - Care Home Physical Disabilities is a purpose built care home for 27 adults. People living at the home have a range of needs including physical or learning disabilities. The home provides a residential service and is located in a quiet area of south Liverpool.

The registered manager had worked at the home for over 18 years and been the registered manager for 12 of those years. 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.

At the time of the inspection 27 people lived at the service and we met nine of the people who used the service. They told us that they were very happy with the service and found it met their needs.

Most of the people we met had lived at the service of a number of years and some had been there for 20 years. We found that the registered provider, registered manager and staff consistently ensured people were supported to lead an independent lifestyle. We found that most of the people did not require support with personal care and led independent lifestyles.

We saw that staff were very skilled at meeting people's needs. We found that the staff's extensive knowledge of people had enabled them to readily spot changes in people's presentation. People spoke highly of the staff and felt they were a good support.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create plans to reduce the risks identified as well as support plans.

There were systems and processes in place to protect people from the risk of harm. We found that staff understood and appropriately used safeguarding procedures.

Care staff cooked meals for people and encouraged them to eat a healthy diet. The kitchen had recently been refurbished and adapted to enable disabled access, which assisted both the people and a chef who used a wheelchair to prepare and cook at ease.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

Staff were aware of how to respect people's privacy and dignity.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control and first aid as well as condition specific training such as working with people who had various physical health conditions.

Staff had also received training around the application of the Mental Capacity Act 2005. The staff we spoke with understood the requirements of this legislation. When people had capacity staff correctly did not complete capacity assessments or make best interest decisions but for those people who lacked capacity this was in place.

People and the staff we spoke with told us that there were enough staff on duty. We found that on the whole there were sufficient staff on duty to meet people's needs. The home had a programme in place whereby two placements were offered to oversee volunteers, which were constantly filled. The activity co-ordinator had also established a pool of volunteers who regularly visited to provide befriending services, take people out on trips, provide one-to-one time or be drivers for people.

The activity co-ordinator ran charity challenge programmes whereby local business bid for and then completed specific tasks such as enhancing the garden or decorating parts of the home. The businesses used the activity as team building exercises and provided all of the material. The activity coordinator found that business frequently requested to be involved in other challenges.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We saw that the registered provider had an effective system in place for dealing with any complaints. We found that people felt confident that staff would respond and take action to support them. The registered manager and staff routinely sought people's views about their experience of the service.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the service.

The registered provider had developed a range of systems to monitor and improve the quality of the service provided. We saw that the provider had implemented these and used them to critically review the 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.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Staff could recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the registered provider.

Appropriate systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

### Is the service effective?

Good 

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff understood the requirements of the Mental Capacity Act 2005.

People were provided with a choice of nutritious food.

People were supported to maintain good health and had access to healthcare professionals and services.

### Is the service caring?

Good 

The service was caring.

Staff knew people really well and used this knowledge to care for them and support them in achieving their goals.

Staff were considerate of people's feeling at all times and always treated people with the greatest respect and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced identifying the support needed. These plans were tailored to meet each individual's requirements and reviewed on a regular basis.

People were involved in a wide range of everyday activities and led very active lives. The use of a voluntary worker scheme and charitable challenges had enhanced people's experiences and provided on-going access to the community.

A complaints procedure was in place and followed. We found that the views of the people were regularly sought to check if they were happy with the service.

### Is the service well-led?

Good ●

The service was well led.

The registered provider and registered manager were effective at ensuring staff delivered effective care and treatment.

We found that the registered provider was very conscientious and critically reviewed all aspects of the service then took action to make any necessary changes.

There were effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the service had an open, inclusive and positive culture.

# The Orchard - Care Home Physical Disabilities

## **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 checked 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.

An adult social care inspector completed this unannounced inspection of The Orchard on 26 October 2016.

Before the inspection we reviewed all the information we held about the service. The information included reports from local authority contract monitoring visits.

During the inspection we met with nine people who used the service and two relatives. We also spoke with the registered manager, the senior asset manager, a team leader, four support workers, the cook and assistant cook.

We spent time with people in communal areas and observed how staff interacted and supported individuals. We also looked around the service. We looked at four people's care records, six staff records and the training records, as well as records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they were very pleased to be living at the service and that the level of care had exceeded their expectations. Relatives told us that they found staff effectively cared for the people who used the service and were very kind. They told us that they thought the staff provided care that met people's needs and kept individuals safe.

People said, "It's all good news about the staff." And, "I like it here." And, "On the whole I am very happy living here and think we have it good."

Relatives said, "[Name of relative] has lived here for 30 years and has been very happy throughout the years. The staff are skilled and we have never had any concerns."

Staff told us that they regularly received safeguarding training. We saw that all the staff had completed safeguarding training. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and the actions they needed to take to report any suspicions that may occur. Staff told us the registered provider would respond appropriately to any concerns. We saw that abuse and safeguarding was discussed with staff on a regular basis.

We found that procedures were in place to assist staff to understand whistleblowing [telling someone] processes and staff told us that they felt confident about raising any worries. The service had up to date policies in place that were reviewed on a bi-annual basis. We saw that these policies clearly detailed the information and action staff should take, which was in line with expectations.

From 7.30am to 3pm a team leader and six support workers were on duty, from 2.30pm to 10pm there was a team leader and four or five support workers on duty. Overnight there was two waking support workers and a team leader who provided sleep-in cover. In addition to this there were the volunteers, a cook and assistant cook plus domestic and maintenance staff working at the home. During the week the registered manager worked at the home from 9am to 5pm. Through our observations and discussions with staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was the case.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. Staff could clearly talk about what they needed to do in the event of a fire or medical emergency. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

We confirmed that checks of the building, fire alarms and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT), which is a check

to show that items such as televisions are safe. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We reviewed people's care records and saw that staff had assessed risks to each person's safety. Records of these assessments had been regularly reviewed. Risk assessments had been personalised to each individual and covered areas such as accessing the community, managing their vulnerability to exploitation and smoking. This ensured staff had all the guidance they needed to help people to remain safe.

The systems for oversight of Health and Safety issues, accidents and incidents are well established and staff have access to a regional health and safety advisor who oversees all of the services in the area. The regional health and safety advisor told us the home was met the registered provider's safety expectations and was operating in ways that ensured people were safe. The home also have an established and competently trained health and safety coordinator on site. The registered manager told us they use the information from these systems to work with staff to look at lessons learnt and this learning is also discussed with the people who use the service. we saw meeting minutes to confirm this occurred. although All systems are regularly reviewed, updated and critical analysis is undertaken.

We found that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS). The DBS checks if people have been convicted of an offence or barred from working with vulnerable adults. These checks were carried out before staff started work at the service.

Staff obtained the medicines for the people who used the service. Each person's medicines was kept securely and there were adequate stocks of medicines. We checked the medicine administration records and these showed us that people received their medicines correctly. Staff responsible for administering medication had been trained and their continued competency to complete this task was checked every six months. We spoke with people about their medicines and they said that they got their medicines when they needed them.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Each person had an up to date Personal Emergency Evacuation Plans (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We saw that personal protective equipment (PPE) was available around the service and staff explained to us about when they needed to use protective equipment.



# Is the service effective?

## Our findings

People told us that the staff understood them and knew how to effectively support them. They told us that staff had very good knowledge of how to support people with their mental health needs and that because of the staff support they had remained well.

People said, "The staff are really good and make sure I'm okay." And, "I am pleased with the service and staff." And "I have lived here a long time and find the staff are always kind. We get on well."

Relatives said, "We always find [relatives name] is happy and content. We have never had any concerns about the care or the home."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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.

We found these assessments were only completed when evidence suggested a person might lack capacity, which is in line with the MCA code of practice. However we noted that at times after a person was deemed to lack capacity to make decisions about their care they were still asked to sign consent forms. The registered manager had identified this gap in staff understanding and was taking action to ensure people were not asked to sign documents.

At the time of the inspection people, where appropriate, were subject to a Deprivation of Liberty Safeguards (DoLS) order. Staff we spoke with had a good understanding of DoLS and why they needed to seek these authorisations. They also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation. The registered provider was aware of the person's right to contest the DoLS and apply to the Court of Protection for a review of this order.

From our discussions with staff and the review of the care records we found that they had a very good understanding of each person's care and support needs. We saw records to confirm that staff encouraged people to have regular health checks and, where appropriate, staff accompanied people to appointments. We saw that where people had conditions that needed regular review, staff ensured this happened and everyone had an annual health check.

We found that staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. We confirmed from our discussions with staff and from a review of the records that staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. They told us that they completed mandatory training and condition specific training around working with people who mental health needs. The registered manager told us that staff were required to undertake annual refresher training on topics considered mandatory by the service. This included safeguarding vulnerable adults, fire safety, health and safety, nutrition, infection control and first aid.

We saw that when staff commenced work at the service they completed an in-depth induction programme. This included reviewing the service's policies and procedures and shadowing more experienced staff. We found that new staff, where appropriate were completing the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. One of the support workers we met had recently started work at the service and told us about their induction, which had included mandatory training and shadowing the other staff.

We found that the registered manager had ensured that the staff completed supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw that records for the recent months showed that staff had received an appraisal and at least three supervision sessions. A plan was in place to ensure staff continued to regularly received supervision.

People were seen by GPs when concerns arose and attended regular healthcare appointments. We found that the staff had formed a close working relationship with the attending GPs, community nurses and hospital consultants, which had led to them being able to raise any slight concerns and seek advice in a timely manner. We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

The cook told us the registered provider gave them an ample budget. The cook told us their expenditure was never questioned and this freedom had allowed them to ensure the food was made using fresh products and home-cooked. Staff told us that there was a very wide range of options at each meal-time and the cook confirmed that they would cook alternatives if people did not want what was on offer. We saw that people received appropriate assistance to eat.

We saw that Malnutrition universal screening tool (MUST) tools, which are used to monitor whether people's weight were within healthy ranges were being accurately completed.

# Is the service caring?

## Our findings

People told us staff were very supportive, caring and kind.

People said, "I find that the staff are kind and caring." And, "The staff are always friendly and seem to care." And, "I am happy here."

A number of people had difficulty discussing their experience of the home but were able to say they felt happy. We used a short observational framework for inspection (SOFI) to understand more about the experience of the people and the home and found that every member of staff that we observed used a caring and compassionate approach when working with the people who used the service. The interactions staff had with people led to all of the individuals responding positively to staff. They also encouraged people to engage in conversation and express their opinion about what they wanted to do. The registered manager told us that the service promoted choice, independence and decision making. In the resident and relative meeting minutes we saw that people were involved in meal and menu planning, budget setting, décor of the home, maintenance programmes, social and leisure activities and the ethos and culture within the home environment.

Staff described with passion a desire to deliver high quality support for people, and were extremely empathetic. We found the staff were warm and friendly. All of the staff talked about the ethos of the home being to place the people who used the service at the centre of the service. The home has several staff registered as dignity champions and we are also registered on the social care commitment programme.

The registered manager and staff showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. People were encouraged to remain as independent as possible.

The staff explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role. One care staff member said, "We want to make sure people get the best care possible." We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door.

People were seen to be given opportunities to make decisions and choices during the day, for example, what activities to join in. The care plans also included information about personal choices such as whether someone preferred a shower or bath. Care staff told us they accessed care plans to find information about each individual and always ensured that they took the time to read the care plans of new people.

The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them. All the bedrooms we went into contained personal items that belonged to the person such as photographs.

## Is the service responsive?

### Our findings

We found that the registered provider was a strong advocate for people and they critically reviewed the service to make sure staff followed best practice guidelines. They were committed to empowering people who used the service to live fulfilling lives and reach their potential. This is supported by employing a full time activities and volunteer coordinator who has recruited a vast amount of volunteers to enable people to lead active lives.

Care records were comprehensive and well-written. They clearly detailed each person's needs and were very informative. We found that, as people's needs changed their assessments were updated. The registered manager was aware that occasionally staff needed to make sure the support plans and risk assessments fully mirrored the latest change in people's needs. We found that they had picked this up during audits and had a plan in place to ensure all of the care records were accurate.

We found that the registered manager and staff were extremely knowledgeable about the support that people received. They could readily outline what support plans were in place, the goals of each plan and could identify the smallest of changes in people's presentation. The people we spoke with told us they found that the staff made sure the service worked to meet their individual needs.

The home had a programme in place whereby two placements were offered to oversee volunteers, which were constantly filled. The activity co-ordinator had also established a pool of volunteers who regularly visited to either to provide befriending services, take people out on trips, provide one-to-one time or acted as drivers for people. All of whom receive the same level of training and induction as permanent contractual staff.

The activity co-ordinator also ran charity challenge programmes whereby local business bid for and then completed specific tasks such as enhancing the garden or decorating parts of the home. The businesses used the activity as team building exercises and provided all of the material. The activity coordinator found that businesses frequently requested to be involved in other challenges.

We found that the charitable events and access to volunteers had supported the home provide a stimulating, engaging lifestyle and well maintained environment.

We found that resident meetings were regularly held and reviewed the minutes from the recent meetings. Within the minutes we saw that people were consistently asked for their views about the operation of the service. We found the registered manager was open to any suggestions and would take action to implement them, for instance the accessible kitchen was developed on the basis of feedback from both staff and people who used the service.

We confirmed that the people who used the service knew how to raise concerns and we saw that the people were confident to tell staff if they were not happy. We also found that relatives were provided with a copy of the complaints procedure. Staff told us that they were very comfortable being advocates for people.

We looked at the complaint procedure and saw it clearly informed people how and who to make a complaint to and gave people timescales for action. The registered provider discussed with us the process they would use for investigating complaints and we found that they had a thorough understanding of the complaints procedure. We heard that the registered provider had developed a comprehensive complaints system, which used an electronic database for logging, tracking and monitoring outcomes of complaints. This was not only reviewed by management at the service but also nationally thus ensuring that internal auditing and quality is outcome focused, with shared organisational learning. Also the registered provider routinely reviewed the complaint's policy and procedures to ensure a systematic, consistent and standard approach to complaints were in place.

## Is the service well-led?

### Our findings

The people and relatives we spoke with were extremely complimentary about the home and how it was run. People and relatives told us they found the care to be exceptionally good and people were treated with the utmost respect.

One person said, "I can't complain about anything. The manager is great and knows her stuff."

A Relative said, "They really do provide an excellent service and have done so for years."

The registered manager and has been in this role for over 12 years. 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.

The home had the benefit of strong, focused leadership. The registered manager was supported by an effective staff team. The registered manager and staff told us they were all comfortable about being able to challenge each other's practice as needed.

Staff told us the registered manager truly valued them as well as the people using the service. Staff also told us that the registered manager was approachable and had supported them to have a work and home life balance. All the staff found that they were respected and this made them eager to come to work and deliver a high standard of care.

The registered manager held regular discussions with people who used the service, relatives and staff, which provided a forum for people to share their views. Questionnaires were sent out to people and their relatives annually, and meetings were held. As well as formal methods of feedback the registered manager encouraged informal feedback. They had an open door policy and encourage relatives to see them to discuss individuals care and how areas could be improved.

The quality, safety and effectiveness of the service were monitored by a wide variety of quality assurance processes and audits. The senior asset manager discussed the comprehensive monitoring systems the registered provider had in place and told us that the service the registered manager operated always performed well against the performance indicators.

The registered manager audited all of the processes and records relating to the care and support of people within the home. This included health and safety, infection control, mealtime experience, medicine management and people's care plans. Action plans had been developed from the audits and the results had been used to drive improvements. For example an audit of care records identified the need to ensure staff consistently updated support plans when there was a change. We heard that the management team met regularly with the learning and development team to review training needs in order to critically analyse the effectiveness of this and whether the staff were implementing to learning to effectively meet people's needs.

We heard that all developed systems are fully utilised by management and critical analysis of the effectiveness of these is regularly reviewed, to ensure quality improvement is driven and delivered.