Orchard Vale Trust Limited

St Chads House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection was unannounced and took place on 1 May 2018.

St Chads is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

St Chads accommodates four people one adapted building.
The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

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.

At the last inspection in January 2016 the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good

People were supported by competent, caring staff who had been recruited safely. People's relatives were positive about the service and felt their relatives were well supported, safe and cared for.

People were relaxed and confident with staff. Staff spoke warmly to people and treated them with respect and affection. We observed staff knew people well and understood people's individual communication styles and preferences.

Staff followed best practice guidelines and were supported to do this by the provider. There were clear plans and guidelines in place to help staff support people if they demonstrated any behaviour that may challenge.

People were supported to access the community and follow any interests they had.

There was strong effective leadership at both the service and provider level.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

St Chads 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 1 May 2018 and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

The inspection was carried out by one inspector. We met the four people using the service and spoke with three people. We observed staff interactions with people using the service, spoke with two relatives, five members of staff. We reviewed two people's care records, four people's medicine records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Not everybody at the service communicated verbally; staff supported people to talk with us.

Good

Is the service safe?

Our findings

The service remained safe.

We observed how people interacted with staff supporting them. People were relaxed and confident with staff. Staff understood how to keep people safe from harm and the provider had effective systems in place to contact the relevant authorities should staff or relatives have any concerns. One relative told us, "Yes very safe, someone is with him all the time and very well looked after. They are very supportive of him and this makes him very secure, he is always very happy to go back after we have been out for the day." Another relative said, "Oh [Name] is so happy and well cared for it is very safe and I don't need to worry about him".

There were enough staff available who had been recruited safely. Staff received training and supervision on a regular basis. This helped staff discuss how to best support people and to understand how to manage people's needs , for example, how to respond to behaviour which challenged. They told us they were confident about how to keep people safe. Risks to people had been identified and plans were in place to support people with the minimum of restriction. For example, one person administered their own medicines with staff support..

Medicines were managed safely. One person administered their own medicines with support from staff. The provider ensured medicines were stored safely and records were completed in full.

The home was clean and fresh throughout. Staff separated any laundry which may pose an infection control risk and had a separate washing machine. People helped staff around the home with cleaning and a rota was kept. Staff told us, "Every so often we do a big clean". A relative told us, "Always immaculate, it's a wonderful home and the mood is always so homely and happy. He has recently had a wet room put in and had his bedroom decorated, he was able to make choices about colours it's like home from home, he is very comfortable".

The provider analysed all incidents and accidents and made changes to prevent recurrence. Where a new risk was identified following an accident or incident measures were put in place to manage this.

Good

Is the service effective?

Our findings

The service remained effective.

People's needs were carefully assessed by the provider and support was provided in line with National Institute for Clinical Excellence (NICE) guidelines. People had received recommended health and behavioural assessments and support plans adhered to these guidelines.

Staff had the skills, knowledge and experience to deliver effective care and support. The senior team at the service had been in post many years and knew people well. Staff had access to regular training and updates. Supervision was effective and staff were able to discuss how to improve their skills in supporting individuals.

People were supported to eat and drink enough to maintain a balanced diet. People were involved in grocery shopping and preparing meals which helped them be involved in the day to day running of the service.. The provider had ensured people received an assessment by speech and language therapist if needed and followed the directions provided. People's records contained clear information about their dietary needs.

Staff worked closely together to deliver consistent care and support. Senior managers visited the service regularly. Staff liaised with people's care commissioners and other professionals involved such as GPs, psychiatrists and learning disability nurses.

All the people at the service had a 'Health Action Plan'. This contained information about how to support people to remain healthy.

The provider had adapted the building to meet the needs of all the people at the service. One person had their own flat in an extension the provider had added to the house. This flat had been designed to meet the person's assessed needs. A second person had their own lounge. This had been created as the person liked to be alone in the evenings. Two other people were close friends and shared a lounge which reflected their interests in the way it was decorated.

People's bedrooms were personalised and had pictures which reflected people's interests. For example one person loved owls and had numerous pictures and models in their room. Another person had recently had their ensuite bathroom updated to provide a walk-in shower rather than a bath. They were very proud of their room and liked to keep it tidy and clean.

People's consent to care and treatment was sought in line with legislation and guidance. Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made applications as appropriate.

Good

Is the service caring?

Our findings

The service remained caring.

People had warm and affectionate relationships with staff. We asked one person if they liked living at the service and they replied, "Yes". One relative said, "So kind and caring the staff all came to his birthday party in their own time, they treat him like family" and a member of staff told us, "I feel like I leave my family at home and come to my other family here".

Staff spoke about people with evident interest and respect and knew them and their needs well. All the staff we spoke with were concerned with making sure that people lived the best life they could and had maximum choice. Staff told us about one person who did not communicate verbally, "They can still make a choice. We offer a few DVDs and they will move their hand or eyes slightly to indicate which they want to watch". We observed staff talking with one person who used mostly sign language to communicate. Staff understood what the person was communicating, for example, explaining the signs the person used for the cinema..

People were supported to express their views and be involved in making decisions. Two people living at the service had developed a close friendship and staff supported this, helping people participate in activities together. For example, on the day we visited these people were going to the cinema. They were both looking forward to it and one person used sign language to tell us they were going.

People's privacy, dignity and independence were respected and promoted. A relative told us, "They go above and beyond to make him happy and involved as possible, they get him to help cook and to be as independent as possible but in a lovely manner". We observed people in the kitchen helping to cook and wash up. Staff supported one person to tell us how they enjoyed baking.

People were supported to see their families regularly and often went to stay with them. Families were welcome to visit at any time except early in the morning when people were being supported to get up and have breakfast. This was to preserve people's privacy and dignity and enable the staff to focus on people's needs.

Good

Is the service responsive?

Our findings

The service remained responsive.

People received personalised care that was responsive to their needs. Each person had a comprehensive set of care records which contained information on how staff could meet their assessed needs. People's preferences were clearly recorded. One person did not communicate verbally and staff had developed an extensive communication guide. This guide recorded the expressions and gestures the person used to help staff understand what they were expressing.

People were encouraged and supported to go out regularly. One relative told us, "[Name] goes out all the time and they take him on holiday, they go to the cinema or bowling, anything he fancies doing they support". Another relative said, "[Name] does jobs around the house and he loves mowing the lawn he does ours when he comes here, he will visit church and will be taken to the theatre, he has a better social life than me". Two people liked to go to church together but preferred different churches. Staff told us they alternated between the two and stayed for tea and biscuits with other members of the congregation after the service.

People regularly went to the pub, for meals out and visited local cafes.

People had clear plans to guide staff on how to support them if they became distressed or exhibited behaviours that could challenge. The plans had clear guidance about how to recognise if individuals were becoming agitated and what to do to reduce the risk of escalation or harm.

One professional had complimented the service on how sensitively they had dealt with an interpersonal issue. Other records showed that commissioners had regularly reviewed people's care and had been satisfied with the quality of the service. People's relatives had been highly complimentary about the service. The service had not received any complaints. The complaints procedure was available and accessible.

There were end of life care plans were in place for three people however the deputy manager told us they were in need of updating. The deputy told us the provider planned a piece of work across all services to develop people's end of life plans.

Good

Is the service well-led?

Our findings

The service remained well-led.

Staff delivered high-quality care and support and promoted a positive culture that was person-centred, open, inclusive and empowering which achieved good outcomes for people. The provider had a strategy which was being implemented across all of their services. The focus of the strategy was personalisation for the people who were supported. The strategy described what success would look like and how it would be achieved.

The provider had a comprehensive governance system in place. The operations manager or chief executive undertook regular quality assurance visits to the service. This involved spending time with people living at the service, observing their care, and members of the staff team. The visits looked at all aspects of governance in the service. The quality assurance visit looked at any incidents which had taken place and looked for themes and trends. For example one member of staff had been involved in two difficult situations and this was identified by the assessor. The deputy manager ensured the staff member was given support in supervision and the opportunity to discuss an improved way of managing this type of situation.

The registered manager attended monthly meetings of the senior management team with registered managers from the provider's other services. This enabled discussion and learning across services and sharing of best practice.

Staff morale was good. Staff told us they felt supported and there was an open and approachable management team.

The provider worked closely with external agencies such as health services and commissioners. People had regular reviews by external commissioners, who had produced positive reports about the care people received.