

Orchard Vale Trust Limited

East Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

East Court is a care home providing personal care to 17 people with a learning disability including autism. The service can accommodate up to 17 people. Accommodation is provided over two properties, with people living in the main house, a self-contained flat and a bungalow in the grounds.

The care service was registered prior to 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 life as any citizen." Registering the right support CQC policy. During the inspection we saw that the service actively supported and respected these values.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were happy living at East Court and felt safe. There was a very cheerful atmosphere in the home and people had a very good rapport with staff.

Medicines were managed safely and there were risk assessments in place to identify and manage any risk in the least restrictive way. People were supported by enough staff to ensure they were safe and able to live a full and active life.

People received effective care and support that was focused on the person, their needs and aspirations. Staff demonstrated a very good understanding of people's needs and received training relevant to their role with a clear career pathway promoted by the provider. People were supported to enjoy a healthy balanced and nutritious diet based on their preferences and health needs.

People received support from staff who were kind and caring. Staff always respected people's privacy and dignity. People told us they felt staff were kind and caring and respected their wishes. People were supported to express an opinion about the care provided and were involved in the day to day running of the home.

People received responsive support which was personalised to their individual needs, preferences and promoted independence. There was very clear guidance for staff on how to support people in line with their wishes. People had been supported to explore their end of life wishes.

People were supported by a team that was well led. The registered manager demonstrated an open and positive approach to learning and development. Everybody spoken with said they felt the manager was

open and approachable. All staff said they felt valued and respected. Staff morale was high, and staff told us how they, "Enjoyed coming to work," and felt they were, "Part of a family." One person said, "I love living here, they [staff] are all my family."

There were effective systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and learnt from issues raised.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent

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

Rating at last inspection

The last rating for this service was Good (published 20 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

East Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all this information to plan our inspection.

During the inspection

We spoke with five people and two relatives about their experience of the care provided. We spoke with five

members of staff including the registered manager and deputy manager. We observed how staff interacted with people in the home.

We reviewed a range of records. This included three people's care and medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We received feedback from two relatives via email.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff understood their responsibilities to safeguard people from harm. Concerns and allegations were reported, and action taken in a timely manner.
- Staff received training in how to safeguard people from abuse. Staff spoken with said they felt comfortable talking managers if they had concerns and were able to tell us who they could talk to outside of the organisation.
- People told us they felt safe with staff in the home. One person said, "Yes I feel safe I am happy here." Another person smiled and gave the "thumbs up" sign when asked if they felt safe. Another person laughed, looked at the staff member and smiled.

Assessing risk, safety monitoring and management

- Staff understood when people required support to reduce the risk of avoidable harm.
- People's care plans contained detailed risk assessments linked to their needs. These included the actions staff should take to promote people's safety and ensure their needs were met. Care plans included ways that staff could support people to maximise their independence in the least restrictive way.
- Care plans were very clear about how to support people without increasing their anxieties. For example, one person's care plan was clear that they had a very strict routine they liked to maintain. The care plan detailed the person's routine and even had pictures of how the person liked their room arranged.
- To ensure the environment for people was kept safe, specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks.
- There were risk assessments in place relating to health and safety and fire safety. Records showed the appropriate safety checks had been carried out following current good practice guidance.

Staffing and recruitment

- Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Checks were carried out to ensure all new staff were suitable to work with vulnerable people.
- People were also involved in the recruitment of new staff. They met potential staff when they visited the home and their opinion was sought.
- There were enough staff to meet the needs of people. Everybody spoken with said there were plenty of staff. One relative said they always found there was enough staff when they visited the home. Staff told us they had had a spell when they were short of staff, but all staff had worked extra hours to ensure shifts were covered and people could still attend their activities in the community.
- The registered manager explained that they had a low turnover of staff, however had gone through a spell when they had needed to recruit new staff.

Using medicines safely

- Systems were in place to ensure people received their medicines safely. All staff administering medicines had received relevant training and were assessed as competent. Clear risk assessments and agreements were in place to show how and when assistance was required. For example, one person wanted to remain independent with taking their own medicines. Staff supported the person, so they remained in control.
- Medicines were stored safely, and the ordering and disposal of medicines was managed effectively. There was a clear protocol in place for the use of 'as required medicines.' These gave staff very clear instructions on how and when they could be used.

Preventing and controlling infection

- Staff were aware of the importance of minimising people's risk of infection when providing care and support. Staff received regular training and were supplied with personal protective equipment (PPE) such as gloves and aprons.
- People were supported to clean their own rooms and ensure the communal areas were clean and tidy. One person told us how they always washed their hands when they went into the kitchen.

Learning lessons when things go wrong

- Accidents and incidents were reviewed to identify any trends which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was considered to establish patterns and monitor if changes to practice needed to be made.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Each person had a care and support plan which was personalised to them and based on their specific needs. These plans gave staff clear guidance on how to support the person the way they preferred.
- People were involved in writing their care plans. One person said, "I talk about what I need help with, with (staff member) I like her she is my key person. I decide, but they help me with things like finances as well."
- When people's needs changed their care plan was up dated and discussed with them and their key worker.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion and diet.

Staff support: induction, training, skills and experience

- Training for all the organisation's mandatory subjects was reviewed and up dated as necessary. The service supported staff to take career related courses and training relevant to people's needs. One staff member said, "The training is excellent, and plenty of support to do."
- New staff said they received an induction which was linked to the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. One staff member said, "I was totally new to care, the staff were brilliant very supportive and encouraging. The induction was challenging, it was over three months and we did all the training required and got to know people before working alone."
- All staff demonstrated a good knowledge of people's individual needs. They were able to discuss how they supported people and what people preferred. One person told us, "I like them all (staff) they know all about me."

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

- People were involved in the preparation and choice of food. One person told us how they helped in the kitchen. Another person said they were going to help in the kitchen later in the week.
- People were supported to eat a healthy balance diet. One person had chosen to go on a diet and staff supported them in choosing healthy options.
- Another person told us about the vegetables they had left in the garden, which they would use in the kitchen.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People's changing needs were monitored and were responded to promptly. Staff supported people to see health care professionals according to their individual needs. People were supported to attend regular

health checks.

- People were consulted about attending health screening checks. One person's care plan showed how they had made an informed decision not to attend a specific health check.
- Where specialist advice was needed staff referred people to other healthcare professionals to ensure they received the support they required. For example, people had been referred to the Speech and Language Therapy team [SALT] for advice when they had eating and swallowing difficulties.
- People had been supported to consider how healthy their lives were. A health professional had led a six-week course with people to help them reflect on their well-being. All people gained a certificate and a better understanding about a healthy lifestyle and healthy eating.

Adapting service, design, decoration to meet people's needs

- People were encouraged to personalise their rooms with things that interested them.
- Pictures showing important events and activities people had taken part in, were displayed in the home as well as people's art work.
- The registered manager told us how the provider was aware of the needs of people as they aged. They had already had an assessment carried out to install a lift. This meant people would still be able to access their rooms when their mobility reduced.

Ensuring consent to care and treatment in line with law and guidance

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

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Records showed the service had liaised with the local authority to monitor the progress of existing DoLS applications and to renew those that may have expired.

- Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Care plans included assessments of people's capacity to make certain decisions and where necessary they had involved family and professional representatives to ensure decisions made were in people's best interests.
- People only received care with their consent. One person told us, "I am always asked if I agree. If I don't we discuss it."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people were treated with kindness and respect by staff.
- People were relaxed and cheerful in the presence of staff. There was a very relaxed atmosphere in the home. Relatives told us they were always made to feel welcome when they visited.
- We observed people had a very friendly rapport with staff. One person said, "The staff are all kind, I like living here." One relative who emailed us wrote, "We are always grateful for the love and care that the staff give [the person]."
- At a meeting staff had agreed a 'team plan' with team values, one of these values was, "To show respect to all employees, residents and visitors."
- People with religious and cultural differences were respected by staff. People were supported to go to church when they wanted to. The registered manager was also aware of how they could access community links for people with other religious or cultural needs.

Supporting people to express their views and be involved in making decisions about their care

- There were ways for people to express their views about their care. People and relatives told us how they were involved in making decisions when care needs changed. One relative told us, "We are always involved when there is a review, that was why we came up today. Communication is very good, and they listen to our and [the person's] opinions and thoughts."
- People contributed to decisions about the activities they attended or wanted to attend. People were clear about what they wanted to do and trips they wanted organised. One person told us about their annual holiday in Minehead and said they were planning to go again next year
- A record of compliments was kept and any received were shared with staff. Compliments received included comments from visiting health care professionals. "East Court appeared to be very caring, friendly and open, with a lovely atmosphere and lots of residents crafts, artwork on display." And, "East Court has a lovely atmosphere, your staff genuinely care, that is reflected in the extremely thorough care plans and recordings in my observing their interactions with residents."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people's privacy and dignity. This included respecting people's private time, listening to people, and upholding people's dignity when providing personal care.
- Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of others. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

- When we spoke with one person they told us, "I think the staff are all really good at respecting my private place and time." Another person told us, "I love it, I've got my own flat, got my own freedom, I just have that extra support."
- People were supported to maintain their independence, staff offered support without taking over and respected people's rights to make their own decisions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received care which was personalised to meet their needs and wishes. Care plans were personalised with very clear information in how people preferred to be supported. New staff read people's care plans, so they had a clear idea of people's preferences.
- One person's care plan was very clear about their preferred routine, which was very important to them. The care plan stated that all new staff had to read their routine, so they did not cause any stress or anxiety.
- Another care plan included photographs of how the person preferred their bed and room to be set up again reducing stress and anxiety.
- One staff member told us how they had been supported to understand people's preferences before they started to provide care and support with out other staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was shared with people and where relevant the information was made available in formats which met their communication needs in line with the AIS.
- People's care plans included how people preferred information to be shared with them.
- We saw care plans with easy read pictures and symbols. One person's medication agreement was provided in an easy read format. However, one person told us how they did not like pictures and symbols. We saw this was clearly recorded in their care plan.

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

- People were able to participate in a range of activities of their choice that met their individual needs and encouraged them to continue to follow interests.
- Part of the team values drawn up by staff stated, "To actively support residents to lead enriched lives and achieve their wishes."
- People joined in with the day centre arts and crafts as well as following their own interests.
- The home had supported a variety of activities including meeting up with people from other homes in the organisation and camping out on the lawn with a week of activities.
- We saw people were involved in the local community with visits to a local theatre and local events. One person had commented during a residents meeting that they wanted to thank a member of staff for,

"Helping her with a carnival club and reaching her dream."

- During the inspection we saw people who attended the day centre including people living in the home were taking part in the Somerset Arts Week and had art on display for members of the public to see.
- People were also supported to go on an annual holiday. Staff would accompany them on a holiday of their choice. One relative wrote, "The staff are amazing, and do far more than would be expected in a 'normal' care home. For example, each resident has a holiday every year, when members of staff go with them for a holiday that is tailored to their needs. [The person] has been for several years to an activity centre and has enjoyed things like abseiling and canoeing."
- People were supported to maintain contact with family and friends. When families were unable to visit staff supported people to go to their families. One compliment received from a family member read, "A huge thank you for enabling (staff members) to bring (the person) up to London for the wedding. . . We are blessed by the Orchard Vale Trust team/family who enable (the person) to be himself and to love life."

Improving care quality in response to complaints or concerns

- There was a concerns and complaints procedure in place. This detailed how people could make a complaint or raise a concern and how this would be responded to.
- People and their relatives had access to the complaints policy and knew who they could talk to. One person said, "I don't need to complain I am happy living here. I can talk to, [staff name] she is my keyworker."

End of life care and support

- At the time of the inspection no one was receiving end of life care. Staff had previously supported one person with end of life care. People living in the home had been there for 30+ years and had built up close relationships. Staff supported the people living in the home to attend the funeral and grieve following the person's death.
- The registered manager told us they had spoken with some people about what they wanted if they became ill and needed end of life care.
- We looked at one person's care plan which was very detailed, with descriptions and pictures. They had discussed with staff where they wanted to be cared for, the type of funeral they wanted and the venue, the type of coffin, the music and who they wanted to attend. They had put a lot of thought into their wishes and these were recorded for staff for when the time came.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and all the staff spoken with told us how they worked to ensure the support they provided was person centred and reflected the needs, aspirations and likes and dislikes of the people.
- People, staff and relatives all spoke highly of the registered manager. One staff member said, "[The registered manager] leads by example, they are very supportive and put the resident's needs first." People told us, "She [the register manager] is brilliant", "She's great" and "I love her."
- Relatives told us they had a good relationship with the registered manager and could talk to them at any time.

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

- People, relatives and staff told us the service was well managed. One person said, "[Registered manager] is really good I can talk to her anytime and she knows all about me and helps me." A staff member said, "We are a well led team, we all work as a team, nothing is too much. I actually love coming to work here, I feel appreciated and valued which says a lot."
- One visiting health care professional had left feedback. They said, "Credit also goes to you [registered managers name], as manager. Professionalism and accountability starts from the top and this clearly shows throughout the home."
- Staff at all levels were aware of their roles and responsibilities. Senior staff were always available or on call if advise or support was needed.
- A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter. The registered manager said staff had been "brilliant" in the snow and had walked to worked and stayed over to make sure people were safe.
- Staff felt supported and received regular supervisions and appraisals. Staff members told us they had staff meetings when they could discuss important care issues or the running of the home. This provided opportunities to discuss their practice and identify any learning requirements.
- There were effective quality assurance systems to monitor care and plan for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time.
- The registered manager had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

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

- People and their families could comment on the service provided. The registered manager and provider carried out satisfaction surveys and met with people regularly.
- The registered manager explained how people were involved in the recruitment of new staff. Some people had questions they wanted the registered manager to ask on their behalf, whilst others would give their opinion following the new staff members introductory visit to the home.
- People would also be asked for their opinion when new people came to live in the home. Most people living in the home had been there since it opened and had formed close relationships which they considered their family. The registered manager was mindful of the impact of losing a close family member and someone else moving in.

Continuous learning and improving care

- The registered manager demonstrated an open and positive approach to learning and development. The management team kept their skills and knowledge up to date, through research and training. The registered manager also attended meetings with other managers within the organisation. This meant they could share what worked well and what had not worked well and how they had managed it.
- When significant incidents occurred, the provider, registered manager and staff would reflect on the incident and put things in place to reduce risks to people and staff.

Working in partnership with others

- The service had good working links with other resources and organisations in the community to support people's preferences and meet their needs.
- The registered manager discussed with people and gained their consent before inviting outside organisations into the home. We saw records that evidenced the service worked with other healthcare professionals to achieve positive outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were aware of their responsibilities in relation to the duty of candour.