

Winslow Court Limited

Orchard End

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 took place on 24 July 2018 and was unannounced.

Orchard End is a 'care home' which provides accommodation and personal care for up to six people with learning disabilities. At the time of our inspection visit, six people were living at the 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 is required to have a registered manager and 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 on 30 December 2015, the service was rated Good. At this inspection, we found the service remained Good.

Staff received training in, and understood, their responsibility to protect people from harm and abuse. The risks to people had been assessed, reviewed and plans were in place to manage these. Staffing levels at the home enabled staff to safely meet people's individual needs. People received their medicines safely and as prescribed from trained staff. Staff protected people from the risk of infection.

People's individual care and support needs were assessed prior to them moving into Orchard End, enabling the provider to develop effective care plans. Staff received a range of training and ongoing management support to enable them to work safely and effectively. People had support to eat and drink safely and comfortably, and made choices about their food and drink. People had support to maintain their health and attend routine medical appointments. People were involved in decision-making about changes to the home's environment. People's rights under the Mental Capacity Act 2005 were promoted by staff and management.

Staff treated people with kindness and compassion. People had support to express their views and participate in decision-making that affected them. People's rights to privacy, dignity and independence were recognised and promoted by staff.

People received person-centred care and support. They were supported to participate in a range of recreational and social activities which they enjoyed. The provider had procedures in place to ensure concerns and complaints were dealt with in a fair and consistent manner.

The registered manager was accessible, approachable and promoted an open and inclusive culture within

the service. Staff were motivated, well-supported and clear what was expected of them at work. The provider completed audits and checks to assess, monitor and improve the quality of the service people received.

Further information is in the detailed findings below.

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 ●

Orchard End

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 24 July 2018 and was unannounced. The inspection team consisted of one inspector.

Prior to our inspection, the provider completed 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. We took this information into account during the planning of our inspection of the service.

As part of our inspection, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the provider had sent us. Healthwatch are an independent national champion for people who use health and social care services. A statutory notification is information about important events, which the provider is required to send to us by law.

During the inspection visit, we spoke with one person who used the service, three relatives, two social workers and an occupational therapist. In addition, we spoke with the registered manager, the provider's campus principle, one senior care staff member and four care staff. We looked at a range of documentation, including three people's care and assessment records, safeguarding records, medicines records, complaints records, accident and incidents records, and staff training records. We also looked at two staff members' recruitment records, the home's menus and records associated with the provider's quality assurance.

We also spent time in the communal areas of the home to observe how staff supported and responded to people.

Is the service safe?

Our findings

People's relatives still felt their family members who lived at Orchard End were safe and well cared for. One relative told us, "[Person] is very safe there. They [staff] are all very good and kind." The provider continued to protect people from abuse and harm. Staff received training on, and understood, their individual responsibility to remain alert to and report abuse or neglect. One member of staff explained, "I would talk to my line manager and if they didn't respond to it [abuse concern], I would talk to the registered manager or our safeguarding representative." The provider had procedures in place to ensure details of any suspected or actual abuse were shared with appropriate external agencies, such as the local authority, police and CQC.

The provider had assessed, recorded and reviewed the foreseeable risks to people's health, safety and wellbeing, including their mobility and nutritional needs and any risks associated with long-term medical conditions or challenging behaviour. Plans were in place to manage these risks, which staff followed to keep people, visitors and themselves as safe as possible. With the support of the provider's health and wellbeing manager, the registered manager monitored any accidents or incidents involving people living at the home, to learn from these and prevent things from happening again.

People's relatives and staff confirmed the staffing levels maintained at the service meant people's individual needs and requirements could be met safely. Any staff shortages were covered through voluntary staff overtime, or the use of relief and agency staff who knew people well. One staff member explained, "They [provider] bend over backwards to keep staffing levels up." We saw there were enough staff on duty to respond to people's needs and requests in a timely manner. The provider adhered to safe recruitment practices to ensure prospective staff were suitable to work with people at the home.

The provider had systems and procedures in place to ensure people received their medicines safely and prescribed. Staff involved in the handling and administration of medicines received training and underwent periodic reassessment and competency checks. Medicines storage at the home was secure and temperature-controlled, and daily medicine stock checks were completed to identify any discrepancies. People had support from staff to attend annual medication reviews.

Staff protected people from the risk of infections by making appropriate use of personal protective equipment (disposable aprons and gloves) and maintaining the hygiene and cleanliness of the home in line with the provider's cleaning checklists.

Is the service effective?

Our findings

Before people moved into Orchard End, the registered manager met with them, their relatives and the community professionals involved in their care to assess their individual needs and requirements, and ensure the service was able to successfully meet these. Staff received training to ensure people's protected characteristics were taken into account and to avoid any discrimination in the planning or delivery of people's care. Appropriate use was made of technology to enhance people's safety and wellbeing. This included the use of an under-pillow vibration alarm to alert one person with a hearing impairment to the need to evacuate the home in an emergency.

People's relatives still had confidence in the knowledge and skills of the staff working at Orchard End. One relative told us, "They [staff] are more than capable." New staff completed the provider's induction training to help them settle in to their new job role, which included the opportunity to work alongside and learn from more experienced colleagues. One staff member told us, "I was really impressed with my induction. I was so surprised how much training I was provided with before starting work in the home." Following induction, staff participated in a rolling programme of training, which reflected their duties and responsibilities and people's individual care and support needs. One staff member described how their Makaton training had improved their ability to communicate with the people who lived at the home. Makaton is a language programme based upon signs and symbols used with speech to help people to communicate. Staff also attended regular one-to-one meetings with the management team to discuss any additional training or support they may need, and to receive constructive feedback on their work performance.

People had the physical assistance, and access to eating or drinking aids, they needed to eat comfortably and safely. They were supported to choose their food and drink by staff who understood their communication needs. Any specific needs or risks associated with people's eating and drinking had been assessed, recorded and managed, with specialist nutritional advice where needed.

Staff and management worked collaboratively with a range of health and social care professionals, including those that made up the provider's internal multidisciplinary team, to ensure people received joined-up care and experienced positive outcomes. A community social care professional told us, "I have found them easy to communicate with and they have responded well to the information I've given them." People were supported to attend all routine health appointments to ensure their overall health and any long-term medical conditions were monitored. This included annual well person health checks.

People and relevant health and social care professionals had been consulted on proposed changes to the home's environment, including the choice of furniture for communal areas. Adaptations had been made to the home to promote people's safety and wellbeing. These included the installation of grab rails, ramps and specialist care equipment, such as an electric bath lift.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The 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. We found the registered manager and staff understood people's rights under the MCA. Appropriate applications for DoLS authorisations had been made, and the registered manager recognised the need to review and comply with any conditions on granted authorisations. We saw evidence of mental capacity assessments and best-interests decision-making in the care files we looked at, which reflected the requirements of the MCA.

Is the service caring?

Our findings

People's relatives told us, and we saw, staff still adopted a warm, friendly and caring approach to their work with people whom they had taken the time to get to know well. One relative said, "They [staff] really bend over backwards to understand [person]." A social worker told us, regarding their recent visit to the service, "It was obvious to me there was a very genuine care and concern for [person's] welfare. Staff had good knowledge of [person's] needs and how best to respond and communicate with them." People were clearly at ease in the presence of staff and the registered manager, who prioritised their needs and greeted them warmly upon seeing them for the first time that day.

People were supported to express their views and wishes and participate in decision-making that affected them. People's care plans provided staff with clear guidance on their communication needs and preferred methods of communicating with others. Staff received training in, and employed, a range of communication methods to promote effective communication with people. This included the use of the Picture Exchange Communication System (PECS), Makaton, and other signed language, pictures and symbols. PECS is a communication system that teaches people who are non-verbal to communicate their needs and wishes to others through visual symbols. Staff and management worked closely with a local independent advocate who visited the service twice a month and ensured people's voices were represented at meetings and reviews which affected them.

People's relatives told us, and we saw, staff promoted people's privacy and dignity. A staff member explained, "It's about treating them [people] all as individuals and not as one group, knowing their likes and dislikes and understanding them." People's intimate care needs were met discreetly, and arrangements were in place to ensure their personal information was stored securely within the service. People's care plans reflected their personal skills and abilities and staff supported people to develop personal goals targeted at increasing their independence and life skills. People's relatives and friends could visit them whenever they chose. Staff helped people maintain valued relationships by, for example, sending relatives personalised updates on events in their life.

Is the service responsive?

Our findings

People continued to receive person-centred care and support at Orchard End that reflected their individual needs and requirements. People's relatives told us they were involved in decisions about, and attended regular review meetings regarding, their family members' care and support at the home. One relative explained, "All parties are invited in for review meetings and [registered manager] seeks advice from us if there is a problem. They are very open." People's care plans were individual to them, included clear information about their care and support needs, and provided insight into their personal background, preferences and interests. Staff told us they had a shared responsibility to ensure people's care plans remained accurate and up to date, and that they worked in accordance with these. One staff member explained, "We use them [care plans] very, very often and they are forever being updated. They are working documents that I see staff refer to on a daily basis." We saw staff adapting their communication and the support provided to suit the individual in line with people's care plans.

People had support to participate in a range of social and recreational activities that reflected their known interests and preferences. These included swimming, horse-riding, attendance at social clubs, meals and drinks out, bowling and day trips to places of interest. During our inspection, one person attended a local work placement, two people went out for a drive and walk, whilst others were trialling a new pottery class in a nearby town. A relative praised the support staff had given their family member to overcome their fear of horses, enabling them to gain great enjoyment from horse-riding.

People's relatives told us they had not needed to raise a complaint about the service, but were clear how to do so and felt confident their concerns would be addressed. The provider had a complaints procedure in place to promote fair and consistent handling of any complaints and concerns. This had been adapted into an accessible format to aid the understanding of the people who lived at the home. We looked at the most recent complaint received by the service and found action had been taken to investigate and respond to the complainant's concerns.

Is the service well-led?

Our findings

During our inspection, we met with the registered manager of the service who was responsible for the day-to-day management of the home. They had a good understanding of the duties and responsibilities associated with their registration with CQC, including the need to submit statutory notifications regarding important events involving people who used the service. They spoke about the care and support of the people who lived at Orchard End with a clear sense of passion and commitment to people's continued wellbeing. The service's current CQC rating was on display at the home, as the provider is required to do.

People's relatives spoke positively about the overall quality of the care and support their family members received at Orchard End, and their dealings with the registered manager. They described an open and inclusive culture within the service. One relative told us, "It's the best place [person] has ever been placed ... The openness of the service and the constant staffing has made a real difference to them." A community social care professional explained, "[Registered manager] has been very amenable and has followed up the suggestions I and [person's] advocate have made." We saw people and staff were relaxed in the presence of the registered manager.

Staff talked about their work at Orchard End with enthusiasm. One staff member told us, "I think our house has a good reputation and experienced staff. We have a family atmosphere." Staff told us the service was well-managed by a fair, approachable and supportive registered manager. One staff member said, "I think they [registered manager] are fantastic and unbelievably organised ... They treat staff very, very well. They are very professional, understanding and a very nice person." Staff felt valued in their work and were clear what was expected of them. The registered manager had allocated a range of lead roles within the service, such as the health and safety and communication champions, to empower staff and drive improvements in working practices.

The registered manager encouraged the involvement of people, their relatives and staff in the service. They achieved this by, amongst other things, organising regular 'residents meetings' and staff meetings to consult with others. In addition, the provider distributed periodic feedback surveys to people, their relatives and staff, analysing and acting upon the feedback received about the service.

Staff and management worked to strengthen the service's links with the local community to the benefit of the people who lived at the home. This included supporting people to access their local community on a regular basis, and inviting neighbours to attend coffee morning and other social events at the home.

The provider carried out audits and checks to monitor and seek to improve the quality and safety of the care and support people received. These included routine checks on the home's health and safety arrangements, the ongoing monitoring of any accidents, incidents and complaints, medication audits by the provider's health and wellbeing manager, and bi-monthly independent quality monitoring visits. These quality assurance activities had led, amongst other things, to an increase in the range of activities and choice of annual holidays available to people, and improvements in the training of agency staff working at the home.