

Action for Care Limited

The Orchard

Inspection report

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Wistow
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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 visited The Orchard on 25 May 2017 and this was an unannounced inspection. This meant the provider and staff did not know we were going to visit.

The Orchard provides personal care and accommodation for up to six adults who have a learning disability and associated complex needs. The service is a large modern detached house in the village of Wistow, a few miles from Selby town centre. At the time of the inspection six people used the service.

We last inspected the service in December 2015 and found that we had not been notified of incidents that had occurred in the home, as is required by legislation. Also we found that improvements could be made to the recruitment and auditing systems within the home and made recommendations about these in the report. We rated the service as 'Requires Improvement' overall and two domains required improvement.

At this inspection we found that the team had worked collaboratively to ensure all of the previous breaches of regulation were addressed.

The registered manager had been in post since 2015. 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.

People told us they found the staff supported them to lead fulfilling lives. We found that the registered manager and staff consistently ensured people were supported to lead an independent lifestyle.

People who used the service required staff to provide support to manage their day-to-day care needs; to develop impulse control; as well as to manage their behaviour and reactions to their emotional experiences. We found that the registered manager had taken appropriate steps to ensure staff provided consistent responses and took appropriate action when people's needs changed, which had ensured staff could continue to meet the individual's needs. We found that the actions staff had taken led to marked improvements to how people responded to the world and greatly increased their quality of life.

We saw pre-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 the initial support plans but no comprehensive assessment documents were in place and this meant staff could not reflect upon and update the global information about how people had changed since admission. Also we found that support plans were not used to capture what actions staff had found worked well when working with people. The registered manager had captured information about people in various documents but this was disjointed and they outlined how they would ensure a central assessment document would be developed.

People were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight.

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.

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 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 have learning disabilities and autistic spectrum disorders.

Staff had also received training around safeguarding vulnerable adults and clearly understood how to implement these procedures. We observed that staff consistently maintained people's privacy and dignity. We found that staff treated people with respect and compassion.

Staff had also received training around the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. The staff we spoke with understood the requirements of the MCA and were ensuring that where appropriate this legislation was used.

People and the staff we spoke with told us that there were enough staff on duty. We found there were sufficient staff on duty to meet people's needs.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

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

We saw that the registered manager had an effective system in place for dealing with people's concerns and complaints.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety and relevant infection control procedures were followed by the staff at the service. We found that action was taken to minimise known risks.

The registered manager had developed a range of systems to monitor and improve the quality of the service provided. We saw that the registered manager 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 manager.

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 remains good

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service was well led.

The provider and registered manager were effective at ensuring staff delivered services of a high standard.

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

Staff told us they found the registered manager to be very

supportive.

There were very effective systems in place to monitor and improve the quality of the service provided.

The Orchard

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This unannounced inspection took place on the 25 May 2017. The inspection team consisted of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a document wherein the provider is required to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make. This document had been completed and we used this information to inform our inspection.

During the inspection we spoke with four people who used the service. We also spoke with the registered manager, a senior support worker and three support workers.

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

Is the service safe?

Our findings

At the December 2015 inspection we found that incidents were reported to the local safeguarding adult's team and support plans were in place to manage any associated risks. However, these had not fully addressed the issues and similar incidents continued to occur. We recommended that auditing systems in the home included a review of any safeguarding incidents and responses to ensure these remained effective. We also found that one person's recruitment file was incomplete and asked the registered manager to ensure the employment processes were enhanced.

At this inspection we found the registered manager ensured appropriate action was taken to monitor safeguarding incidents and ensure appropriate action was taken to reduce the risk of incidents re-occurring. Also action had been taken to ensure a safe and effective recruitment system was operated. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS), which 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.

People told us they liked the staff and from our observations we found that they were relaxed, able to follow their own routine and supported to remain safe. One person said "They treat us right." Another person said, "It is great here and the staff are good at making sure we are ok."

In people's care records we saw that staff had assessed risks to each person's safety and records of these assessments had been regularly reviewed. Risk assessments were tailored to the needs of each individual and covered areas, such as going out independently and managing emotional distress. This ensured staff had all the guidance they needed to help people to remain safe.

We found that staff were dedicated to ensuring that the service provided a safe environment and would raise matters if they felt there were concerns. Staff told us that they regularly received safeguarding training and records confirmed this. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us that they felt confident in whistleblowing (reporting poor practice). The service had up to date safeguarding and whistleblowing policies in place. We saw that these policies clearly detailed the information and action staff should take. Staff told us that if concerns were not being addressed they would not hesitate to raise them with the provider and external parties.

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. A number of the people could display challenging behaviour and we found that staff had received training to assist them effectively manage incidents. The skilled interventions from staff, we found, had led to a reduction in behaviours that may challenge and people being more able to regulate their emotions.

We confirmed that checks of the building, fire alarms and equipment were carried out to ensure people's health and safety were protected. Relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT), which is a check that items such as televisions are safe. This showed that appropriate steps had been taken to protect people against the risks of premises and equipment being unsafe.

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. The rotas and training files confirmed this was the case. We saw that six staff were on duty during the day and overnight there was one waking staff member and a sleep in staff member. The registered manager worked during the week as an additional supernumerary staff member.

All staff had been trained and were responsible for the administration of medicines to people who used the service. Staff obtained medicines for people who used the service. Medicines were kept securely. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

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.

Is the service effective?

Our findings

People and staff spoke positively about the service. One person said, "I don't think there is anything more the staff could do for me, as they do so much already." Another person said, "The staff are really nice." Comments made within the relatives surveys we reviewed described how happy they were with the service. One relative commented, "I have found that the staff at The Orchard are very friendly, courteous and professional."

We found people who used the service received effective care from staff who had sufficient knowledge and skills to perform their roles. Staff confirmed they received regular training and were being supported to complete vocational qualifications. We saw staff had received recent training in safeguarding, fire safety, first aid, infection control, moving and handling and food hygiene. The registered manager attended training sessions on topics such as meeting CQC expectations, developing quality frameworks and other staff had completed courses on risk management. Staff also routinely attended condition-specific learning sessions, for example sessions on how to work with people who had personality disorders, Obsessive Compulsive Disorder (OCD) and epilepsy. This demonstrated the registered manager had ensured people's needs were met through the provision of relevant training, as well as support for staff to pursue further vocational qualifications.

Staff completed an induction programme that incorporated the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. One staff member said, "I felt the induction was really in-depth and I really felt able to work with people. I completed shadow shifts at different times, had time to read people's care files and felt able to ask questions."

Staff we spoke with during the inspection told us the registered manager was very supportive. 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 managers provide guidance and support to staff. We saw records which showed that staff had received an annual appraisal and supervision sessions on a regular basis.

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 saw appropriate applications had been made to the local authority and that the registered manager and

staff we spoke with demonstrated a good understanding of mental capacity issues, including DoLS. Staff ensured that, where appropriate, people were subject to DoLS authorisations. The registered manager maintained a record of applications they had made and when DoLS authorisations had been granted. The registered manager was aware of a person's right to contest the DoLS and apply to the Court of Protection for a review of this order. They were also making families aware of the need to become Court of Protection appointed deputies.

We found that in line with the MCA code of practice a capacity assessment was only completed when evidence suggested a person might lack capacity. When people had been assessed as being unable to make complex decisions, there were records to confirm that discussions had taken place with the person's family, external health and social work professionals and senior members of staff. This showed any decisions made on the person's behalf were taken after consideration of what would be in their best interests.

We saw evidence in care plans of regular input from external healthcare professionals such as GPs, nurses, social workers and psychiatrists. We saw that people had hospital passports. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health if they are admitted to hospital.

We saw that where people had conditions that needed regular review, staff ensured this happened and that everyone went for annual health checks. When concerns arose staff contacted the relevant healthcare professionals. For instance, staff were in regular contact with people's community liaison nurses and when needed had asked these professionals to organise reviews with consultants.

We found that staff knew what people preferred to eat and ensured each individual had meals that they enjoyed but were also varied. We heard that all of the staff were good at cooking and took pride in making healthy meals that people enjoyed. From our review of the care records we saw people were all within healthy ranges for their weight and no one was malnourished or overweight.

Is the service caring?

Our findings

People were complimentary about the support provided by staff at the service, describing them as kind and caring. One person said, "It's a lovely home to live in." Staff we spoke with all enjoyed working at the service. One staff member said, "I love working here."

The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life; this was reflected in every aspect of the care and support that people received. We found staff were equipped with the skills they needed to offer truly person-centred care. Staff were very friendly and the atmosphere was relaxed. We saw many examples of staff providing support with compassion and kindness. Staff spent time chatting, encouraging, laughing, and joking with people. We saw that where people requested support it was provided promptly and discreetly by staff. People we spoke with were complimentary of the staff who supported them. Throughout the inspection we saw that staff were not rushed in their interactions with people.

Staff discussed at length about how they made sure that the ways they worked were tailored to people's needs and their preferences. We found staff embraced person-centred care principles and used these in every aspect of the support they undertook. We saw they had used these skills to find positive ways to support people to find ways to reduce their need to complete ritualistic task, deal with the difficulties they had meeting others and maintain friendships. .

We observed that staff picked up on very small changes in people's behaviours. Staff could clearly detail how one person expressed their agreement to plans and what would indicate that they were enjoying an activity. We saw staff actively listened to what people had to say and took time to help people feel valued and important.

Staff were also appropriately affectionate with people and offered reassuring touches when individuals were distressed or needed comfort. We found the staff team was empathetic and compassionate towards each person and worked to assist people to lead ordinary lives.

The registered manager and staff readily assisted people to access advocacy services. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. From examination of records and discussion with the person who used the service, we could see the advocate visited as and when needed. A visiting healthcare professional had commented on the survey the registered manager asked them to complete that "The Orchard is excellent with communications, particularly advocacy."

The environment was well-designed and supported people's privacy and dignity. The use of the space within the house meant that people had total privacy and this worked well for people who found it difficult to mix with others. All bedrooms were personalised.

Is the service responsive?

Our findings

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. They were ensuring people led very active and engaging lives. Staff were extremely knowledgeable about the care and support people received. We found that the staff made sure the service worked to meet the individual needs and goals of each person. Where people who used the service needed support to manage their emotional responses to everyday activities and stress we saw that staff were very effective at supporting people in these areas.

We found the care records were well-written and clearly detailed each person's needs. We saw as people's needs changed their assessments were updated as were the support plans and risk assessments. We discussed with the registered manager how the assessments could be enhanced. The provider only supplied a pre-admission record for staff to complete and no full assessment was completed following admission. The lack of a full assessment meant crucial information about people's past experiences and risk history was unavailable. Support plans were person centred and very detailed but the lack of continuous assessment led to staff being unable to evidence how their skills and working practice had led to the significant positive changes for people we heard about. We found that over the time people had lived at the home their ability to regulate emotions and deal with day-to-day challenges had improved. The registered manager confirmed they would introduce this straight away.

The provider told us there were further documents such as external professional assessments available in the archive file for some individuals, which their staff had been given access to during the assessment and admission process. The provider welcomed the suggestion to use a central document to evidence each individual's progress during their time at the Orchard and told us they were in the process of implementing this to be kept at the front of people's support plan files.

We observed that people were supported to make active choices about all aspects of their lives. People told us that they told the staff what they liked to do and what they wanted to do that day and staff supported them to make this happen. One person told us they liked to be busy all of the time and preferred completing household tasks to going on courses or outings. They confirmed that staff respected this and supported them to have full and busy days in the house.

We heard how staff had worked closely with people to facilitate these changes and look at ways to sustain the positive developments. We saw staff had given consideration to the impact people's learning disabilities and mental health conditions had upon their ability to understand events and engage in every-day activities. We observed that staff used this information to provide meaningful occupation for people and to organise outings and visits that people would enjoy. We saw that people were engaged in activities, which they told us were very enjoyable. We found that people went out to most days with staff to community events. People routinely went to cinemas, shopping and for meals.

One person who used the service said, "We are going out for tea. I'm not good with a lot of people but like to be busy so staff always find things I like to do." Another person said, "I have been out shopping and for a

meal with my girlfriend. We had a good time." Another person said, "I like watching the TV and staff know this and know it's what I like to do."

The provider had developed an accessible complaints procedure, which was on display. We also found that relatives were provided with a copy of the complaints procedure. We found the registered manager and staff were always open to suggestions, would actively listen to them and resolved concerns to their satisfaction. Staff told us that they would not hesitate to support people to voice their views about the care they received.

We looked at the complaints procedure and saw it clearly informed people how and who to make a complaint to and gave people timescales for action. We saw that no complaints had been received in the last 12 months. The registered manager discussed with us the process they would use for investigating complaints and we found that they had a thorough understanding of the procedure.

Is the service well-led?

Our findings

At the December 2015 inspection we recommended the provider ensured the quality assurance systems included consultation with all stakeholders.

At this inspection we found the registered manager had invited a ranged of visiting healthcare professionals as well as relatives to complete surveys and provide feedback. We found that the feedback was very positive. One visiting health care professional commented, "Issues are handled in a respectful, professional and appropriate manner and the staff always have the best interests of the people at the centre of their practice."

The registered manager and provider had carried out a number of quality assurance checks to monitor and improve standards at the service. This included audits of medicines, infection control, care records and health and safety around the building. The audits now provided evidence to demonstrate what action had been taken if a gap in practice was identified and when it was addressed. For example, it was noted that the incident sheets did not readily allow staff to determine if there were any patterns or triggers for incidents so the provider had supported staff to create a new tool. The registered manager was starting to use this new tool when we visited and we saw it had the potential to be an extremely useful aide. The provider carried out and recorded a monthly 'quality check' to monitor these audits and support the registered manager with any actions needed.

Feedback from staff, relatives and people who used the service in surveys was extremely complimentary. Relatives commented, "I would feel very comfortable approaching any of the staff. Staff told us they felt able to raise ideas and were confident that their opinion was valued. Staff said, "The deputy manager will listen to any problems the staff and residents have." Another staff member said, "The manager is effective in their job and dedicated, however the office being on the top floor does mean we regularly speaking to the manager can be a little limited, particularly if we are busy.."

The people we met were clearly relaxed and content. We saw people were able to enjoy activities as and when they wanted. Staff were adept at understanding people's communication styles. The provider understood the value of having highly skilled staff working at the service so when recruiting sought special education needs teaching assistants and staff who had worked in challenging environments previously. This had led to a core staff team being created and sustained in the first year of operation.

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure that the care delivered was completely person centred. We found the registered manager was the integral force ensuring the service was safe, responsive, caring, effective and well led. We found that under their leadership the service had developed and been able to support people with complex needs lead fulfilling lives.

The registered manager told us they constantly looked to improve the service and provided a range of evidence such as actions plans to confirm this assertion. Staff told us how they discussed as a team what

went well and what did not, and they used these discussions to make positive changes. For instance, staff told us that recently they, as a team, had been looking at how to support people deal with the difficulties they faced when maintaining friendships and found that providing people with the option to pick something else to do if the stress became too great, was leading to people being able to spend longer periods of time with other people. Staff also told us about how they had enabled people to manage their emotional distress in a more controlled way in order to reduce angry outbursts.

The staff told us the registered manager was a good support and very fair. Staff told us they felt comfortable raising concerns with the registered manager and the provider. Staff found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together.

The service had a clear management structure in place led by an effective registered manager who understood the aims of the service. They ensured staff kept up to date with the latest developments in the field and, when appropriate, used them in their practice.

We found that the registered manager clearly understood the principles of good quality assurance and used these principles to critically review the service. The provider had effective systems in place for monitoring the service, which they fully implemented. This included web surveys for visiting health professionals that were emailed to them each time they went to the service.