

Orchard Vale Trust Limited

Northcroft

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

Northcroft is a care home which provides accommodation for up to eight people with a learning disability who require personal care. At the time of the inspection seven people were using the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

We inspected Northcroft on 9 and 10 January 2017. The inspection was unannounced. The service was last inspected in January 2014 when it was found to be meeting the requirements of the regulations. People told us they felt safe at the service and with the staff who supported them. For example, we were told: "I am safe here," and a relative told us: "Northcroft has provided (my relative) with a secure, kind and well managed environment, within which they has become calmer and more balanced emotionally and has developed social skills."

People told us they received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard.

Staff had been suitably trained to recognise potential signs of abuse. Staff told us they would be confident to report concerns to management, and thought management would deal with any issues appropriately. We were told by a relative "I can't fault them (the staff)." A member of staff said "I have not seen anything concerning," and if they did, thought management would take any concerns seriously and ensure they were fully investigated.

Staff training was delivered to a good standard, and staff received updates about important skills such as moving and handling at regular intervals. An external professional told us "The staff are very knowledgeable about the individuals they support and seem to be well trained in the areas of the support they are providing."

Recruitment processes were satisfactory as pre-employment checks had been completed to help ensure people's safety. This included written references and an enhanced Disclosure and Barring Service check, which checked if a person was suitable to work with vulnerable adults.

People had access to medical professionals such as a general practitioner, dentist, chiropodist and an optician. People said they received enough support from these professionals. External professionals were very positive about the care given. Comments included "The care is definitely client centred...they (the staff) are proactive about finding a solution to benefit their resident and more than happy to learn new skills. Staff treat people with respect and value their opinions."

There were enough staff on duty and people said they received timely support from staff when it was needed. A relative told us "There is a high ratio of staff." We observed any requests for assistance being responded to quickly, and staff always being attentive to people's needs.

Care was provided appropriately and staff were viewed by people and their relatives as caring. We were told "I love living here," and were told staff were "lovely." Two relatives separately told us "I can't fault them (the staff)," and another added that their relative was "Lucky to be here (at Northcroft)."

People had the opportunity to participate in a wide choice of activities. People were busily involved in a range of activities on the day we visited; and were able to attend several different centres locally, which offered up a wealth of things to do. They also have the opportunity to go on an annual holiday if they want to.

Care files contained information such as a care plan and these were regularly reviewed. The service had appropriate systems in place to assess people's capacity in line with legislation and guidance, for example using the Mental Capacity Act (2005).

People were happy with their meals. Everyone said they always had enough to eat and drink and were provided with a choice of meals. People received enough support when they needed help with eating or drinking.

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. They were sure the correct action would be taken if they made a complaint.

People felt the service was well managed. We were told the registered manager and assistant manager were approachable and friendly, and appeared to be "hands on". An external professional said "We have a good working relationship (with the manager) and she is extremely knowledgeable about her residents and their conditions."

Staff and relatives told us they had residents' and family meetings, and relatives had been asked for their feedback about the service on a regular basis. The service had suitable systems in place to monitor and improve the quality of 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

Medicines were administered, managed and stored securely.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse.

The service was clean and well maintained.

Is the service effective?

Good ●

The service was effective.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

People had access to doctors and other external medical support.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Visitors told us they felt welcome and could visit at any time.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support responsive to

their changing needs. Care plans were kept up to date.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

There were suitable activities available to people who used the service.

Is the service well-led?

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture. People we spoke with said communication was very good.

Good ●

Northcroft

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.

We visited Northcroft on 9 and 10 January 2017. The inspection was carried out by one inspector. The inspection was unannounced.

Before visiting the home we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service. We also reviewed notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

We spoke with six people who used the service. We had contact (either through email or speaking to) with six relatives, and five external professionals who have contact with the service. We also spoke with the registered manager and three members of staff. We inspected the premises and observed care practices during our visit. We looked at three records which related to people's individual care. We also looked at four staff files and other records in relation to the running of the service.

Is the service safe?

Our findings

People told us they felt safe. Comments included: "I'm safe here," and "Yes, they treat us with respect." A member of staff said "All staff are respectful. I cannot see any problems."

The service had a satisfactory safeguarding adult's policy. All staff had received training in safeguarding adults. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe. Information about what to do if someone had concerns about abuse was displayed in the home. A staff member told us "I have never seen anything that is concerning," but they said if there was they were sure any matters would be dealt with appropriately.

Risk assessments were in place for each person. For example, to help people access the community safely, to participate in various activities, medicines, helping people to communicate and specific staff support for example if people were anxious. Risk assessments were regularly reviewed monthly and updated as necessary.

People's medicines was administered by staff. People said their medicine was always on time and medicines did not run out. Medicines were stored in locked cabinets in the office. Medicine Administration Records (MAR) were completed correctly. A satisfactory system was in place to return and/or dispose of medicine. Medicines which required refrigeration were appropriately stored, and the temperature of the refrigerator was checked daily. Training records showed that staff who administered medicine had received comprehensive training. Staff said they felt competent to carry out the administration of medicines.

Incidents and accidents were recorded in people's records. These events were audited by the registered manager to identify any patterns or trends which could be addressed. Where necessary, action was taken to reduce any apparent risks.

The service kept monies on behalf of some people. This was for when people needed to purchase items such as toiletries or pay for hairdressing. Suitable records were kept, and receipts were obtained for expenditure. We checked monies kept, and cash tallied with the totals recorded in records. People had a 'financial passport' which contained information about any bank or building accounts held, a summary of the person's income, and main items of regular expenditure. There was information in the document which outlined how the person needed support (as necessary) with their finances. This information helped people to budget.

There were enough staff on duty to meet people's needs. Rotas showed there were at least two care staff on duty during the day and evening. During the night there was two members of staff sleeping in at the service. The registered manager worked at the service. At the time of the inspection staff appeared not to be rushed and attended to people's needs promptly. A member of staff said "There is a good ratio of staff."

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references

and a Disclosure and Barring Service (DBS) check.

The environment was clean, bright and well maintained. Appropriate cleaning schedules were used. A relative told us "It is never dirty." The home was spacious, in a quiet residential setting, with a good sized garden. The registered provider was shortly going to replace the kitchen units as these had become worn.

There were satisfactory laundry facilities. People did their own laundry with suitable assistance from staff. If necessary, there were appropriate systems in place to deal with heavily soiled laundry. There were no offensive odours.

The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. The registered manager was arranging for the electrical circuit to be improved. There was a risk assessment to minimise the risk of Legionnaires' disease. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms, emergency lighting and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked.

Is the service effective?

Our findings

Staff had received suitable training to carry out their roles. New staff had an induction to introduce them to their role. The registered manager said when people started to work at the service she spent time with them to explain people's needs, the organisation's ways of working, and policies and procedures. New staff also worked alongside more experienced staff before being expected to complete shifts unsupervised.

The registered manager said she was aware of the need for staff, who were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support. The registered manager said new staff, who had not previously worked in the care sector, all completed the Care Certificate.

We checked training records to see if staff had received appropriate training to carry out their jobs. Records showed that people had received training in manual handling, fire safety, health and safety, infection control, safeguarding, and first aid. All staff had also undertaken further training about autism, awareness of people with learning disabilities, and coping with aggression at work. Staff who administered medicines, and who handled food had received suitable training. Staff had completed a diploma or a National Vocational Qualification (NVQ's) in care. Staff, we spoke with, were positive about the training they had received.

Staff told us they felt supported in their roles by colleagues and senior staff. Staff told us they had supervision, and there were records on file to show one to one sessions between the member of staff and a manager had taken place. Staff we spoke with said they could approach the deputy and registered manager at any time if they needed any help or support.

People said they felt involved in making choices about how they wanted to live their lives and spend their time. For example, people told us staff involved them in decisions about how their personal care was given, how they wanted to spend their time, and they were able to choose when they got up and went to bed. We saw people were treated with dignity and respect at all times in a very natural and person centred way. We observed people were only ever supported with their full agreement.

People's capacity to consent to care and treatment was assessed in line with legislation 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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager said, where necessary, applications had been submitted to the local authority to assess people who may lack mental capacity to make decisions for themselves. The staff we spoke with demonstrated a basic awareness of the legislation. We were told staff had received training about the Mental Capacity Act and Deprivation of Liberty Safeguards as part of their safeguarding training.

People were happy with their meals. People described the food as "Good," "Brilliant," and "Nice." The menu was displayed and people told us they were involved in choosing what to eat. We were told people were involved in the shopping. People were observed as being free to come and go from the dining room to the kitchen. The cupboards and fridges were well stocked. Where necessary people were supported to manage their weight. For example some people went to a local 'Weightwatchers' group, and people were encouraged to take regular exercise. One person said "We have a balanced, healthy diet."

We saw people being involved in the preparation of the evening meal. There was lots of involvement from different people. For example, one person laid the table, one person peeled the potatoes, and another person was using the cooker. Staff members provided the right level of support enabling people to be as independent as possible, but also keeping them safe in the kitchen. This meant that there was a good balance between protecting the people and allowing them to take calculated risks to promote their independence. One person said, "I cook for you lot sometimes. I make a lovely 'spag bol.' "

People told us they could see a GP if requested. People also had an annual review of their health with their GP. We were also told that other medical practitioners such as a chiropodist, dentist or an optician visited the service. Records about medical consultations showed that people saw, where appropriate, GP's, opticians and district nurses regularly. People had a 'health profile' in their files which outlined information about the person's current health, any allergies they had, what medicines they had been prescribed, and an action plan. Other professionals such as speech therapists were involved in people's care. Staff told us they felt they had good relationships with local health professionals.

Health professionals were positive about care staff. For example, we were told "Carers listen to advice given regarding improvements to health and appear to take it on." Another health professional said "I was impressed by the care and consideration staff showed (to one person), extra staff were brought in to help care for them...I was called appropriately to attend this patient and staff involved other professionals including district nurses and social services."

Areas of the home were well decorated. There were clean and comfortable furnishings and fittings. The home was clean and tidy, and there were no offensive odours. People told us they liked their bedrooms and these were always warm and comfortable. The home had appropriate aids and adaptations for people with physical disabilities such as a wet room.

Is the service caring?

Our findings

The manager and staff knew the people living at the service well. On the day of our visit, the atmosphere was friendly and easy going, with meaningful interactions observed between staff and people. It was clear to us staff cared about people, and were doing whatever they could to help them have a good day. We observed staff as kind and caring, and all the relatives we spoke with said that the staff were extremely kind, patient and caring.

The people we spoke with were very positive about the support and care they received. For example, we were told the service was "Fine," "Great," and staff were "Brilliant," and "Always treat us with respect." A member of staff said "It is their own home. People are happy."

The people we observed were given the opportunity to express their opinions in a variety of different ways, and to make choices about things. We saw evidence of real person centred planning. People had schedules suited to the pace of life they had chosen to adopt, sometimes doing things with key workers on a one to one basis, sometimes independently if this was possible, and then coming together as house-mates for events they all enjoyed. Sometimes people just chose to be on their own and take it easy. We saw staff treat residents with dignity and respect at all times. One person said "Staff will improvise, compromise, we come up with solutions together. We cooperate."

Care plans we inspected contained enough detailed information so staff were able to understand people's needs, likes and dislikes. There was information about people's background, and life before moving into the service. This information is useful to staff to help to get to know the person when they move into the home. The registered manager said where possible care plans were completed and explained to people and their representatives. People and their relatives were also encouraged to participate in regular face to face reviews.

We observed staff working in ways which ensured people's privacy was respected. For example, we were told staff always knocked on their doors before entering. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. People had locks on their bedroom doors. The people we were able to speak with all said they found their bedrooms warm and comfortable.

Families told us they could visit at any time, and were free to go to their relative's room if they wished. Equally, there was enough space and free communal rooms, so that they could visit in private. Relatives said staff were "Courteous and helpful," and "Very helpful."

Is the service responsive?

Our findings

Before moving into the service the registered manager told us she went out to assess people to check the service could meet the person's needs. People, and/or their relatives, were also able to visit the service before admission. Copies of pre admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person. Although it was many years ago, families said they remembered being involved in the planning of their relative's care and support and the transitions into the home. They told us these moves had been thorough and well thought out. The registered manager said as there was now a vacancy, the assessment procedure would shortly be reviewed. However, any potential person who wanted to move to the service would be invited to visit, and people living in the service would be consulted about any decisions made about a person moving in.

Each person had a care plan. Care plans contained appropriate information to help staff provide the person with individual care. Care plans contained detailed information about the person. For example there were sections about 'What is important to me;' 'How best to support me;' information about the person's behaviour and how staff should work with the person if their behaviour could cause challenges to others; the person's routines and their family, friends and relationships. There was also guidance about how to assist the person with personal care, communication and with eating. Risk assessments were also completed. Care plans were regularly reviewed, and updated to show any changes in the person's needs. All staff we spoke with were aware of each individual's care plan, and told us they could read records at any time.

The registered manager ensured that people had one to one time with their keyworker at least every fortnight, for example, so they could go out somewhere and spend time together. There were also records of monthly review meetings for individuals. People also had an annual review with an external professional and other interested parties such as family members.

People had a wide choice of activities, and the majority of people were busily involved in some of these on the day we visited. Activities included attending day services which were organised from one of the provider's other services. These activities included craft, pottery, gardening, sewing and photography. Some people also had work placements such as working at a café, and volunteering to work in charity shops. Other activities people participated in included attending college, clubs, attending a bardic story telling workshop, swimming, trampolining, Karate, reflexology, and going to pubs and restaurants. People told us they had been offered a holiday in the last year. For example one person said they had enjoyed a trip to 'Centre Parks' for a few days which they had enjoyed. People were able to go to religious services if they wished.

People were encouraged to be involved in household activities such as cleaning, doing the laundry, cooking and doing the food shopping. A rota was in place so housework was shared out. One person said "I help with making the Yorkshire Puddings, with the veg. I clean the cooker and the fridge. I do my own washing and I like ironing." People were also encouraged to maximise their independence for example by going out on their own, and using the bus to visit local towns or family.

People said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. Relatives said they would be comfortable discussing any concerns. People said they felt confident appropriate action would be taken if they raised a concern. A record of complaints received, and how these had been resolved, was kept.

Is the service well-led?

Our findings

People and staff had confidence in the registered persons (owners and manager of the service.) For example, people told us the registered manager was approachable, and helpful. People said the manager was "Lovely," and "Super." A member of staff said "She is friendly and approachable. She is not much different (in her manner) from everyone else (in the team). Everyone does everything." Another member of staff described the manager as "Very supportive," and another person said "She leads by example." We were told and observed that the manager and assistant manager were approachable and friendly, and appeared to be "hands on", with the result that they were aware of how things were going with people and the staff who worked with them.

Staff were positive about the culture of the team. Staff members said morale was good within the staff team. One member of staff said "I love working here. It is a close knit team." Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They said major concerns were addressed appropriately by the registered manager.

Staff also said communication was good within the team. We were told there were formal handovers each day to help ensure people received consistent care. There were records that staff meetings regularly occurred. The staff had a team day where they had developed a 'team plan' for the year, and a copy of this was displayed in the hallway.

The registered manager worked at the service on a full time basis. There was also a deputy manager and also a senior support worker.

Relatives said communication between staff and families was good, and they were informed of any concerns staff had about people's health and welfare. A relative said "The home has a friendly atmosphere." Another relative said the home "Runs like clockwork," and "Everyone is very helpful." Family meetings were arranged every six months which gave representatives an opportunity to express any concerns and be updated about service developments.

The registered manager monitored the quality of the service by completing regular audits of care records, medicines, finances, health and safety, training provision, accidents and incidents. Surveys had also been completed to ascertain the views of families, Friends, people who used the service and staff. External managers visit the service and provide a report of the findings of their visit. These occurred every two months and copies of the reports were kept in the service. An action plan was completed after the visit of any tasks which needed to be completed.

The registered manager was registered with the CQC in 2013. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, have been complied with.