

Mr & Mrs J Dobbin S Dobbin and Ms S Dobbin

Orla House

Inspection report

317 Mapperley Plains
Nottingham
Nottinghamshire
NG3 5RG

Tel: 01159203754

Date of inspection visit:
10 May 2017

Date of publication:
08 June 2017

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

Orla House is located in a suburban area close to the city of Nottingham. The home is registered to provide accommodation and non-nursing personal care for up to 14 people. This is for people with a learning disability, autism or physical disability. At the time of our inspection there were 14 people living at the home.

At the last inspection, in March 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care. They were supported by staff who were aware of their role and responsibilities to protect people from avoidable harm.

Risks relating to people's needs including the environment, had been assessed and planned for and were regularly monitored and reviewed. Procedures were in place to report any accidents and incidents and these were investigated and acted upon appropriately.

Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their individual needs. People were supported to receive their medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision and training that they required to work effectively in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to maintain good health and nutrition.

People continued to receive good care from staff that they had developed positive relationships with. Staff were caring and treated people with respect, kindness and dignity. Staff supported people to maximise their independence. People had access to information about independent advocacy should they have required this support. People were involved in discussions and decisions as fully as possible about how they received their care and support.

People continued to receive a service that was responsive to their individual needs. Staff had information available to support them to provide an individualised service based on people's needs, preferences, routines and what was important to them. The provider's complaints policy and procedure had been made available for people.

The service continued to be well-led. People, relative's and external health and social care professionals were positive that the leadership was good. Communication was open and transparent.

The provider had effective arrangements for monitoring and assessing the quality and safety of care and support people experienced. The provider had quality assurance processes in place that encouraged people to give feedback about the service.

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?

Good ●

The service remains Good.

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 remains Good.

Orla House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was a comprehensive inspection that took place on 10 May 2017 and was unannounced.

The inspection team consisted of an 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. Our expert had experience of supporting and caring for people who lived with learning disabilities.

Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider. We received feedback from external health and social care professionals. This included a physiotherapist, speech and language therapist, consultant psychologist, a social worker and a locality social work manager.

On the day of the inspection we spoke with four people who used the service. Due to people's communication needs their feedback about all aspects of the service was limited in parts. We used observation to help us understand people's experience of the care and support they received. We contacted the relative's of five people by telephone for their feedback about the service their family member received.

We also spoke with the registered manager, three senior care workers and a care worker. We looked at records relating to six people living at the service. We looked at other information related to the running of and the quality of the service. This included the management of medicines, quality assurance audits, training information for staff and recruitment and deployment of staff, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People who used the service were safe. People told us that they felt safe because staff were always available to support them. Positive feedback was received from relatives, comments included, "Yes it's a safe service, I have no concerns." And, "Definitely safe."

Staff demonstrated they had a good awareness of how to protect people from harm. Staff showed an understanding of how to de-escalate situations where people were getting into conflict with each other. A staff member said, "We're aware of people who don't get on so well, people have different personalities so there is always staff around to make sure everyone's ok." Staff had received training in safeguarding adults and understood their responsibility was to respond to any safeguarding concerns.

People were not unduly restricted and risks associated to people's needs had been assessed and planned for. Relatives told us they had no concerns about restrictions.

Staff told us that they had sufficient information about any risks associated to people's health and well-being. One staff member said, "We are always monitoring people's needs and any risks are monitored and regularly reviewed." Staff gave examples of how some people had equipment to ensure their safety. This included the use of pressure relieving mattresses, cushions and monitoring systems used to alert staff to where people were to protect their safety whilst respecting their independence.

People were supported appropriately by sufficient skilled and experienced staff. People spoke positively about the staff and said they were always available to meet their needs and spent time with them. Relatives were confident that the staffing levels provided were appropriate. Comments included, "Staff always have time, never dismissive."

Staff did not raise any concerns about staffing levels. One staff member said, "There is always enough staff, we all pick up extra shifts if required and the manager will cover too." The registered manager said staffing levels could fluctuate depending on people's needs. The staff roster confirmed there were sufficient staff employed and deployed appropriately. Records also confirmed the provider had effective recruitment procedures. These ensured as far as possible that only staff suited to work for the service were recruited.

People received their prescribed medicines safely. A person told us about the medicines they took and said staff supported them with these. Relatives were confident that their family member received their medicines safely.

Staff told us about training they had completed in managing medicines and this included a competency assessment. Records confirmed staff had received appropriate training and the checks completed on the ordering, storage, administration and auditing of medicines were found to be effective and safe.

Is the service effective?

Our findings

People were supported by staff that had the right skills and knowledge to consistently provide good quality care and support. Relatives were positive that staff effectively supported their family member. Comments included, "I think they [staff] know more than the rest of us, continually learning."

Staff were confident with the induction, ongoing training and support received. One staff member said, "We complete refresher training to make sure our knowledge is up to date. I've completed training in epilepsy and autism awareness and lot's more, we are also supported to do a diploma in health and social care."

We found staff had received the relevant training to equip them with the knowledge and skills they needed to support people who used the service. Staff also received an appropriate induction when they commenced and regular formal and informal opportunities to discuss and review their work, training and development needs.

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 MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff demonstrated a good understanding of the MCA and what their role and responsibility was to protect people's rights. We found examples where people lacked capacity to consent to specific decisions in areas of their care such as their medicines and the use of sensor equipment. These had been appropriately assessed and best interests decisions had been made in accordance with the MCA. Where concerns had been identified about people's freedom and liberty, the registered manager had taken correct action and had made applications to the local authority DoLS team. Authorisations were in place for some people and these had been implemented appropriately.

People had their nutritional needs assessed and met. People spoke positively about the choice of meals they received. Relatives were confident their family member received sufficient to eat and drink. Comments included, "On occasions maybe too much; fresh; good quality."

Staff told us how they provided people with nutritionally well balanced meals. Some people had health conditions that affected their diet. Staff were knowledgeable about these and gave examples of how they supported people.

People's health needs were assessed and planned for. People told us that staff supported them to attend health appointments. Relatives were positive that health needs were met. Comments included, "(Health needs) absolutely, [staff] go above and beyond. Give feedback."

Feedback from external health professionals were positive. They said staff made appropriate and timely referrals and followed any recommendations made.

Records confirmed people's health needs were known and regularly reviewed and staff supported them to access primary and specialist healthcare services.

Is the service caring?

Our findings

People were positive that staff knew them well and were kind and caring. Relatives were complimentary about the approach of staff. One relative said, "Definitely caring, [family member] is very happy. Huge transition, home from home."

Staff were very knowledgeable about people's needs, preferences, routines and what was important to them. Throughout our visit, it was clear from observations of staff engagement with people that positive relationships had developed. The interactions we saw between staff and people were characterised by much shared humour and warmth.

Staff did things to show that people mattered to them. For example, they remembered people's birthdays; dates were a feature on the kitchen wall. People's bedrooms were personalised to their individual taste and reflected particular interests, hobbies and what was important to them.

We saw and heard staff supporting people to leave the building to attend their community day service activities. Staff wished people a good day and ensured they had what they needed. Equally, we saw staff greet people back from being out and were again friendly and welcomed people back and asked about their day.

Relatives were positive that their family member's independence was prompted as fully as possible. Independence was a key theme in people's care records, information reminded staff about involving people and promoting independence.

We observed some people required assistance from staff with their eating and drinking. We saw staff, including the registered manager supporting a person. Staff were kind and caring, unhurried and patient, explaining what the food was and encouraging the person to eat. This person was unwell and staff were very attentive, making sure they were comfortable, they offered regular fluids and requested the GP visit the person.

People had access to independent advocacy services. These services support people to be involved in decisions about their care and support and defend people's rights.

Some people did not use verbal communication to express their needs. Staff demonstrated a good understanding of what people's communication preferences were. This included the use of Makaton a form of sign language, observing body language, gestures, behaviour and mood. We observed staff used effective communication and listening skills. Staff responded and interpreted people's communication very well, clearing showing they had a good understanding of people.

Staff gave people choices and these were respected and acted upon. For example if a person requested a drink this was provided, if a person required personal care assistance this was responded to discreetly and sensitively. Staff spent time chatting with people and made sure they either had their television or music

preference available.

People were treated with respect and dignity by staff. People told us that staff were polite and nice to them. Comments from relatives included, "Yes, they're [staff] lovely. Speak to [family member] not over them." Relatives told us there were no restrictions of when they visited and that they were always welcomed.

Is the service responsive?

Our findings

People experienced care and support that met their individual needs and preferences. People told us about how they liked to spend their time and what was important to them such as interests and hobbies. Staff made special efforts to take people to events. For example, staff took people with an interest in sport to sports events and they reminded people of when their favourite sports were televised.

People said that staff supported them with activities in the community and within the service. This also included having an annual holiday. Relatives were positive about the range and frequency of activities available for their family member. Comments included, " They [staff] get them out, involved with people, likes TV and music."

We looked at the activity diary which recorded what activities had been offered and those people had participated in. Activities included aromatherapy twice weekly provided by an external therapist; shopping; skittles; singing and dancing; music nights, pub visits, film evenings, garden centre visits. People were also supported to participate in activities organised by local organisations in the community. This demonstrated that people had a full and active life and were protected from social isolation because they were supported to participate in activities with other people.

People with needs related to their faith or beliefs were supported to attend services at a local place of worship and people received religious and spiritual visits, for example the local priest visited Orla House.

People's care records confirmed their support needs had been assessed and planned for and where possible, they, or their relative or representative, had been involved in the assessment and review process. People's support plans were person centred because they contained information about their life history, who and what mattered to them and their hobbies and interests.

People's support plans included detailed information about how people wanted to be supported. For example, the plans contained details about what people could do for themselves and things they wanted or needed support with. People experienced care that was in-line with their preferences. For example, people had preferences about how they were supported with care routines, including their morning and night routine preferences. One person preferred to eat in a different dining room to others as they preferred a quieter environment. This was known and understood by staff who respected the person's wishes.

People who used the service had access to the provider's complaints procedure. People we spoke with told us that if they had any concerns they would raise them with staff and the registered manager. Relatives told us they were aware of the complaints procedure and whilst they had not needed to use it, would do so if necessary. Comments included, "I would speak with the manager, if not available keyworker or anyone on duty." The registered manager told us that no complaints had been received.

Is the service well-led?

Our findings

The service had a registered manager. 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.

Relatives were positive that Orla House provided a service that met their family member's needs. They said that they liked the family approach to care and that they had great confidence in the staff that cared for their family member.

Positive feedback from external health and social care professionals was received. Comments included, "Orla House is a friendly, open home to visit. The staff team are welcoming, and are knowledgeable about the residents, seeming to have a longstanding knowledge and relationship with them." Positive comments were also received about communication with the staff who implemented any recommendations or suggestions made. Comments included, "Orla House have always contacted me appropriately when support is needed for one of their residents. They have provided clear information and followed up on recommendations in a prompt and thorough manner."

Staff spoke very passionately about their job, clearly showing respect for the people in their care. Staff were positive about the support the registered manager provided and felt involved in the development of the service. There were regular staff meetings and records showed that the staff team worked well together and were clear about their role and responsibilities.

The registered manager told us and staff confirmed that Orla House promoted a homely environment, where people were respected and supported to be a part of their community and their relatives fully involved. A staff member said, "I wouldn't have stayed so long if I didn't like working here, it's a part of my family, it's a family run home that provides a home for life for people." Feedback from an external professional echoed this by saying, "This seems to me to be a homely and well run home which offers residents a good standard of care in a "family" type setting. The staff and in particular the home manager is very committed to that residents have as comfortable life as possible."

Quality assurance systems were in place that monitored quality and safety and helped drive improvements. Audits were completed daily, weekly and monthly and included reviews of the environment, people's care records and medicines. These audits identified areas that were performing well, but also helped the provider identify areas that required some improvement. The provider also enabled people who used the service and their relatives to feedback any views about the service. This was in the form of an annual survey and social events were held throughout the year which was used as an additional method to share information and receive feedback.