Mr & Mrs J Dobbin S Dobbin and Ms S Dobbin

Orla House

Inspection report

317 Mapperley Plains
Nottingham
Nottinghamshire
NG3 5RG
Tel: 0115 9203754

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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

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 accommodated in single occupancy rooms and one double room. People were free to access all areas of the home and gardens.

This unannounced inspection took place on 26 and 27 March 2015. On the second day of our inspection we contacted and spoke with people's relatives by telephone.

At our previous inspection on 20 and 21 January 2014 the provider was found to be in breach of two of regulations that we assessed. This was for the care and welfare of people who use services and assessing and monitoring the quality of service provision. The provider wrote to us and told us they would meet the required standard by 19 March 2014. At this inspection of 26 March 2015 we found that the provider had made improvements in those areas.

The home had a registered manager in post. They had been in post since January 2011. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered

Summary of findings

managers, 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.

The registered manager had a robust recruitment process in place. This helped ensure that only staff who had been deemed suitable to work at Orla House were offered employment. There were a sufficient number of suitably qualified and experienced staff working at the home.

Staff had been trained in medicines administration and safeguarding people from harm and were knowledgeable about how to ensure people's safety. Staff's competency to safely administer people's prescribed medicines had been regularly assessed and reviewed.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager and staff were knowledgeable about when a request for a DoLS would be required. Authorisations to lawfully deprive people of their liberty had been obtained and staff were aware of the action to take if further actions were needed. People's ability to make decisions based on their best interests had been clearly documented to demonstrate which decisions they could make and what these were for.

People's privacy and dignity was respected by staff who had a good understanding of how to do this. People's care was provided with compassion and in a way which people appreciated. People's requests for assistance were responded to promptly.

People and their relatives were supported to access Independent Mental Capacity Advocacy (IMCA) services if they ever had a need to.

People's care records were up-to-date, held securely and were in a format which involved people as much as possible. People were supported with their hobbies and interests on a wide range of subjects.

People were supported to access a range of external health care professionals. This included their allocated GP, optician, chiropodist and community nursing services. Risks to people's health were assessed and promptly acted upon by staff according to each person's needs.

People were supported to maintain a healthy balanced diet as much as possible and were able to choose the meals they preferred. Diets appropriate to each person's needs were provided. These included soft food options, diets which did not affect people's medicines and meals for people who required help with managing their blood sugar levels. There was a sufficient quantity of food and drink available for people.

People, relatives and staff were provided with information on how to make a complaint and staff knew how to respond to any identified concerns or suggestions. Action was taken to address people's concerns and to prevent any potential for recurrence.

The registered manager had quality assurance processes and procedures, such as audits and meetings, in place to improve, if needed, the quality and safety of people's support and care.

Summary of findings

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.

A sufficient number of staff with the appropriate training were employed to meet people's needs. Pre-employment checks completed by the provider ensured that only staff whose good character had been established were offered employment.

Staff had been trained on how to ensure people were protected from harm and were knowledgeable about the reporting processes.

Medicines were administered safely by staff whose competency to do this had been regularly assessed.

Is the service effective?

Good

The service was effective.

People were supported to eat and drink sufficient quantities by staff who knew people's dietary needs well.

Staff were supported with their development and training to gain additional qualifications in care related subjects.

People were supported to see and been seen by a wide range of health care professionals in order to support their health care needs.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew all their needs well. People's anxieties or distress were minimised by staff in a sensitive and caring way.

People were able to see their friends, families and other visitors with freedom and at a time convenient to the person.

People's care records were held securely and people were assured that their personal information was treated with confidentiality.

Is the service responsive?

Good

The service was well-led.

People were supported by a registered manager who knew them well. They spent most of their time supporting people and staff by acting on their suggestions to improve the service.

The registered manager supported staff in their role. This included working a night shift to ensure a safe and acceptable standard of care was maintained.

Audits, reviews and checks completed by the registered manager and senior care staff helped improve the service and standard of care provided.

Summary of findings

Is the service well-led?

Good

The service was well-led.

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The registered manager supported staff in their role. This included working a night shift to ensure a safe and acceptable standard of care was maintained.

Audits, reviews and checks completed by the registered manager and senior care staff helped improve the service and standard of care provided.

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 was planned to check whether the registered manager 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 26 and 27 March 2015 and was completed by two inspectors.

Before the 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 also looked at information we held about the service including statutory notifications. A notification is information about important events which the registered manager is required to tell us about by law. We also spoke with the service's commissioners and health care providers.

During the inspection we spoke with three people living in the home, two relatives, the registered manager, a registered manager from the provider's other service, and four care staff. We also observed people's care to help assist us in understanding the quality of care people received.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care records, relatives' and staff meeting minutes and medicine administration records. We looked at records in relation to the management of the service including maintenance records. We also looked at staff recruitment records, supervision and appraisal processes and training records, complaints and quality assurance and audit records.

Good

Is the service safe?

Our findings

We saw and people told us they always felt safe living at the home. One person said, "I am happy here and feel safe." Another person told us that this was because they knew the staff so well. We found that people were monitored in a lawful way with equipment to alert staff to any movements, especially during the night. A relative told us that the main reason they liked the home was because whenever you visit there was always a member of staff to let you in."

We found that all medicines and were stored securely and medicines administration was completed by staff whose competency to do this had been regularly assessed. This was to help ensure that a safe standard was adhered to. We saw that people were administered their medicines during the day at intervals which ensured the prescribed times had been adhered to. Records we looked at showed that staff had been trained on medicines administration by the local authority. Staff told us about their medicines administration training and how each person liked to have their medicines, such as with food. Staff said that they found this training was good as it was based on current best practice.

Records of the quantities of medicines held, matched the records we looked at and we saw that people's records had been completed without error. Guidance, including that for homely remedies, allergies and medicines that had to be taken at a particular time of day was clear and available to staff. This showed us that people's medicines were safely managed.

The registered manager told us how staffing ratios were determined following an assessment of people's care and support needs. This was based upon the number staff people needed to safely support them both in and outside of the home. People were observed to be sat smiling, chatting with others or engaged in activities which helped minimise their anxieties to support their safety. Staff told us and we found that enough staff were available to meet people's needs. They also said, "Agency staff were only used when this was unavoidable but that the same agency staff were used for consistency and the safety of people." We saw that people did not have to wait long for their request for assistance to be responded to.

We found risk assessments had been completed to ensure that people were safe in and outside of the home. This included risks for people's safe eating and drinking, transport, personal care and moving and handling. Accidents and incidents including behaviours which challenge others were recorded by the registered manager. This was to monitor for any trends and we saw that action had been taken to reduce the risk of recurrence. Examples of this included the addition of a protective covering to a person's wheelchair to reduce the risk of harm from the exposed frame. We found that people were supported by staff with their independence, to take risks which included going to their day centre, the pub or going shopping. Measures put in place to support people's safety included the avoidance of situations which created or increased people's anxieties.

One person said, "Staff take me out into town in my wheelchair and always ensure it is safe and I am safely seated." One relative said, "[Family member] has lived there for a long time. I feel they are safe because they always look well cared for, are always well dressed and would tell us if they were not happy about anything at all."

All staff we spoke with had received training on how to protect people from harm and safeguard them. They demonstrated a thorough understanding of the different types and forms of abuse, who to report this to and what action to take to prevent recurrence. Information about safeguarding was also available to staff to access if required. Staff were confident that if they had to report poor care (Whistle-Blowing) they would not hesitate. We saw that staff knew when and how to recognise if people were not their usual selves.

Staff told us about their recruitment which included an interview and the documentary proof they had to supply to provide evidence to support their suitability to work with people at the home. Records showed there was an effective recruitment process in place. Checks included those for staff's previous employment history with explanations for any gaps in this, two written references and evidence of photographic identity. This was to ensure that the registered manager only offered staff permanent employment after appropriate checks had been satisfactorily completed.

People who exhibited behaviours which could challenge others or had health risks which put them at an increased risk had management plans and strategies in place to support them safely. Examples included adapted wheelchairs, soft food diets, the avoidance of certain foods

Good

Is the service safe?

and regular monitoring of people's health conditions including epilepsy and diabetes. This was to help ensure that people's health risks were effectively and safely managed.

We looked at the records for checks on the home's utility systems and equipment including gas and electrical safety, Legionella temperature monitoring and lifting equipment. These showed us that regular checks had been completed to help ensure people were as far as practicable, safely cared for in a place that was safe to live, work in or visit. People were assured that the registered manager had appropriate checks to help ensure their safety.

Good

Is the service effective?

Our findings

All of the people we spoke with told us, and we saw from our observations, that staff knew them and their eating and health care arrangements well. One person said, "I can choose what I eat and where I eat it. I have a packed lunch when I go out and then we have a cooked tea." Staff had a wide range of communication skills they used to good effect to ensure that people's agreement to, or refusal of, care offered was respected.

We saw that staff understood people's needs well. This was by ensuring they always received a verbal, written or implied consent from each person before providing any care or support. One member of staff said, "For those people who can't speak with us we know how to recognise a person's facial expressions or an implied consent given through their body language. A relative told us "If [family member] didn't want something they would tell you in no uncertain terms."

Staff told us and we saw that the registered manager and staff had links with organisations for sector specific guidance. These included the National Society for Epilepsy [NSE] for people living with a disability. Staff told us and we found that staff kept up-to-date with current practice and that training was planned in a way that met people's needs. This included training on sign language, epilepsy, autism, managing people's behaviours in a non-physical way and diabetes awareness. This was to help staff recognise symptoms of high or low blood sugar levels or seizures and then alert the most appropriate heath care professional if required. One care staff said, "We are always doing some sort of personal development and I am doing a level two diploma in care." Training was a combination of e-learning and also classroom training. This enabled staff to get the most out of each training event.

We found that staff were aware of changes in the law regarding consideration for lawfully depriving people of their liberty. The registered manager had received an authorisation to lawfully deprive one person of their liberty to ensure they were effectively supported in the least restrictive way. Care staff had received regular training updates on the MCA and DoLS and what this could mean or meant for each person. We found that each person's capacity to consent to things including flu immunisations, sharing of information and agreement to their care had been assessed and recorded. These assessments had been reviewed regularly to ensure they remained current and according to the provision of care where it was in the person's best interests.

We saw that people's care plans included advanced decisions for end of life care where this was appropriate or in some cases not possible. These had been completed and the reasons behind people's decisions agreed by an external health care professional, staff and relatives. Staff demonstrated their knowledge to us as to when this decision was to be respected. This showed us that staff were fully aware of when to implement a person's wishes regarding their end of life care wishes.

Staff helped people with their meal choices including aspects of sharing the preparation of some meals. Some people liked to help clearing up whilst others liked to help get food prepared. One relative told us, "[Family member] has to avoid gluten and it's their birthday next week and the staff will cook a gluten free cake for them." Staff knew people's eating preferences well such as the pace they liked to eat and any support required. Staff ensured that people ate a healthy balanced diet whilst respecting people's allergies and food intolerances. Diets appropriate to each person's needs were provided and included soft food options and low sugar content for people who required specialist diets. We saw and people told us that they had snacks and drinks during the day and that they never had to ask for drinks as staff regularly offered these to them.

During our SOFI observations at the evening meal we saw that people were supported to eat at a relaxed pace in the dining area or in the room they preferred. One person said, "I like to eat in the lounge with [name of person] so we can chat and eat." A relative said, "The food always looks appetising and [family member] eats well. There is always plenty and lots to drink." We saw that adaptive cutlery, plates and drinking utensils were provided to support and maintain people's independence as much as possible. This was to assist people with their eating and drinking to prevent any risk of dehydration or malnutrition.

Records viewed and staff we spoke with confirmed that staff were supported to achieve their potential and meet the needs of people living at the home. This was by identifying training needs, providing these and checking staff's competence on subjects such as medicines administration and working shifts to develop staff's skills.

Good

Is the service effective?

The registered manager worked shifts with staff at different times of the day or night where people's needs could vary hugely. This was to ensure people's care met their assessed needs.

Staff confirmed to us that they had regular contact and support from the registered manager and team leaders. We saw, and were told by staff, that they had a comprehensive induction to the home and received on-going mentoring until staff felt comfortable working with less support. One relative said, "From what I see, each time I visit which is very regularly, [family member's] needs are met by staff who have the right skills. I can't fault them." A member of staff told us, "I get all the training I need to do my job properly."

We found and health care professionals confirmed that everyone living at the home were supported with their annual health checks including active support to see specialists in psychiatry, mental health issues and hearing services. In addition, visiting community nurses or a person's allocated GP was available and provided when needed. The feedback we received from various health care commissioners and professionals was very complimentary about the service. Comments included where staff had supported people to participate in a run at a local park to support people with their health gains. Other comments praised the staff for the way they followed and implemented the advice on health action plans for people living with a learning disability.

We found that people and their relatives' were kept informed about health care needs and any hospital or doctor's appointments attended, which included any changes to the person's care as a result. One relative said, "The manager and staff tell us everything about [family member]. We are kept informed no matter what happens." This meant that people, their relatives and staff were involved in their care and any treatment options and outcomes agreed.

Good

Is the service caring?

Our findings

We saw that staff were very attentive to people's needs and supported them with respect to their abilities. Staff saw what people could do and not what limited their potential. People's care plans reflected this in an individualised way as each person and their care and support needs were different. One example was a staff member talking about the person's favourite film and that the person responded about this with enthusiasm by smiling and laughing with staff.

We spent time observing how people were supported with their evening meal. We saw that staff knew when to help people and also when to give the person the freedom eat and drink independently. One person told us, "They [staff] are all nice to me." One example we saw was where staff identified that a person was becoming anxious as a result of other people's behaviours. Staff responded quickly, with sensitivity and assisted the person to move to the TV room where we saw they were then relaxed, smiling and happily watching a programme.

We saw that staff respected people's privacy and dignity. Staff were seen throughout the day respecting people's right to confidentiality by not discussing people's care in public and speaking with people only about non personal subjects. People were able to spend time in their room, in any of the home's communal areas and do the things that were important to them. We saw that staff knew what calming measures worked for each person especially for those people with behaviours which could challenge others. Staff didn't interrupt people when they were going about their daily business but supported them with a compassionate understanding of their abilities.

People's care plans were detailed and included the guidance staff needed to provide, and meet, people's assessed needs. A health care professional told us that staff had shown an understanding of people's health conditions. They said that staff had been proactive in referring service users if they had any concerns and followed through on advice they had given. We saw these plans had been regularly reviewed to include any changes to people's care including advice from visiting health care professionals. This was to ensure that people's care provision was based upon accurate and relevant information.

We found people's care plans had been completed and updated regularly where this had been required. One relative said, "We couldn't find any other service to accept our [family member] due to their behaviours which challenge others. Orla House was able to meet our family member's needs and continues to support them to achieve things we thought impossible."

All relatives told us that visiting their family member was always possible and that they were always made to feel welcome and at home. One relative said, "I visit most weeks and the staff are like a family to me and they care for my [family member] as if they were one of their own."

The registered manager from the provider's other service told us that advocacy services and their contact details were available if required. Some people who had no surviving relatives were supported by social workers and health care professionals to speak up on their behalf. One health care professional said, "Whenever I have made an appointment there is always a staff member available to talk to who is able to give me information. When I have popped in without an appointment to update staff or check on something I have had the same positive response."

Good

Is the service responsive?

Our findings

An assessment of people's needs was completed prior to people living at the home. Most people had lived at the home for many years. The registered manager considered each person's needs and whether they were able to meet these needs. One relative said, "The one thing we liked about Orla House was how knowledgeable the staff were and the confidence they gave us in entrusting our [family member's] care to them." Another relative said, "They [registered manager] go through [family member's] care plan with me and explain what achievements have occurred and how they have supported [family member] to do things they have done."

People we spoke with were told us about the activities and hobbies they had taken part in. These included going to the pub, day centres, parks and attending pantomimes as well as spending time in their room listening to music. One person said, "I like films and staff help me to watch these." Information in people's care plans was also provided in a way people could understand more easily. Examples included an easy read format for those people where this was appropriate and respectful. This was only used as much as was required whilst respecting people's rights. Where people were unable to contribute to their care planning due to their health conditions we found that families views, opinions and guidance had been sought.

People's care plans contained a comprehensive and detailed record of people's life history, preferences and the things that were important to them. This supported staff and families to provide people's care based upon what mattered to them and taking part in activities which made a real difference to people's lives. Examples of this included the provision of electronic means of communication. One relative told us, "[Name of registered manager] suggested that due to our [family member's] communication ability we should try [brand name] to communicate." They added that this had been a great success and it was nice to see their family member smiling and enjoying the ability to see them.

Policies and procedures were available for people and their relatives to raise concerns or complaints. We saw that complaints were responded to within the specified timelines and that this was to the satisfaction of the complainant. Staff told us that some people would tell you with facial expressions, body language or through sign language if they were not happy. We saw during our SOFI observations that staff were skilled in recognising whether or not people were their usual selves or if they exhibited any behaviours which indicated a change in their happiness. One example included staff supporting people and ensuring our presence did not disturb or create any unnecessary anxieties for the person.

To support people achieve their full potential the registered manager and provider had put plans, measures and equipment in place to support people. These included specialist and adapted chairs, stair lifts and accessible gardens and surroundings. This showed us that the provider considered the adaptation of the home to meet people's needs. A relative told us, "The care provided is amazing. They have taken my [family member] to Rome to see the Pope as this supports their religious beliefs. They go on holiday every year including [name of holiday centre]."

Good

Is the service well-led?

Our findings

At the last inspection on 20 and 21 January 2014, we asked the provider to take action to make improvements regarding the assessing and monitoring of the quality of care provision. At our inspection of 26 and 27 March 2015 we found that improvements had been made in the areas we assessed.

Audits and checks had been completed on subjects including people's medication records, the records in relation to the management of the service such as water temperature checks and staff performance assessments. We saw that these checks had ensured a high standard of accurate records and supported staff to have a good understanding of what was expected from them. In addition, the registered manager had also completed additional checks to ensure a high standard of care was consistently maintained. These included working shifts alongside care staff to check the quality of care provided as well as mentor staff in their roles.

To drive improvement based upon best practice, the registered manager held a fortnightly multi-disciplinary referrals team meeting with senior staff and health care professionals appropriate to peoples support needs. One health care professional told us that at these meetings they discussed any concerns with service user's individual health needs. Examples included occupational therapy, speech and language therapist, psychology and psychiatry. They said that where a multi-agency approach was required, this meeting worked well in not just meeting people's needs but helping people achieve aspirations.

The home had received a rating of five out of five from the food standards agency in 2014. Part of this assessment includes the way the provider manages the standards of food. This demonstrated good management as well as high food hygiene and preparation standards.

People who were able to speak with us, staff and health care professionals all confirmed that the registered manager was always available and often worked shifts with staff. One service commissioner commented how visible, approachable and proactive the management team was in terms of the support they provided. A health care professional confirmed to us that each person had a key worker responsible for aspects of their care and that they had always been able to get the information they needed from staff members. This was to ensure people received the care and support they needed.

The registered manager had introduced various innovative ways for people to communicate more easily and frequently with their loved ones. An example of this was the introduction of electronic and video communications. One relative said, "[Name of registered manager] suggested this and it has been a great success it shows in [family member's] face." Another relative told us that, "We [Orla House] have an annual dinner for families and everyone and this is a really good opportunity to offer comments. I have no worries at all."

People's views were sought on a daily basis by staff, health care professionals and the registered manager. This was through their facial expressions, body language and behaviours which staff understood as some people's preferred means of communicating their concerns. One health care professional said, "[Name of registered manager] is easily contactable, and always replies to e-mails or phone messages. Staff seem clear on their roles and they are supported." One relative said, "I have never had to raise any issues. They know how to care for [family member] and it is a pleasure to visit. We are always made so welcome." Another relative said, "If it is good enough for a family member of the provider that says it all. I'd book a room if they had one spare."

One member of staff said, "The staff meetings are a really good opportunity to raise suggestions or comments from people." They also told us that suggestions were supported by the registered manager whatever these were.

We saw and staff told us that they maintained links with the local community including those of people's day centres, visits to relative's homes with a taxi firm that knew people's needs and where this was safe. A relative said, "It was the service provider who convinced us that this was the place for [family member]. We have not regretted this decision once." Another said, "I can't think of anything they could improve as they do everything so well for [family member]."

Staff told us that the registered manager was always available to discuss work or issues affecting staff's performance. One said, "I have worked here for a relatively short time compared with some staff but the main reason I

Good

Is the service well-led?

love coming to work is the support I get and then being able to make a difference [to people's lives]." All staff confirmed that they had regular supervision from the registered manager or their team leader.

The registered manager had notified the local authority of events that they are, by law, required to do so. We found that they had done this correctly. Untoward incidents had been investigated and action taken to prevent the potential for recurrence. Action taken included that for ensuring people's anxieties were not increased due to exposure to the triggers to these anxieties. For example, avoiding being in the same room as a person that caused them to become anxious.

People were supported with their ability to communicate their wishes and preferences by staff who knew them well. This was to ensure that people were listened to by way of their behaviours, sign and body language and staff then recording what each person had achieved each day. The registered manager used any trends in people's behaviours to put plans in place to ensure people were supported in the most effective way. Examples included strategies to recognise changes in people's behaviours and what the likely triggers were or could be.