

The Orchard Care Home Limited

The Orchard Care Home

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?

Outstanding 

Is the service well-led?

Good 

Overall summary

We inspected the service on 1 December 2015. The inspection was announced. The Orchard Care Home provides accommodation and support, without nursing, to a maximum of six people with a learning disability and/or autism. On the day of our inspection six people were using the service.

The service had a registered manager in place at the time of our inspection. 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 were supported by staff knew how to recognise abuse and how to respond to concerns. Risks in relation to people’s daily life were assessed and planned for to protect them from harm.

Summary of findings

People were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make decisions and staff knew how to act if people did not have the capacity to make decisions.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

People lived in a service where they were treated as individuals and where staff knew them well and cared for them in a way they preferred. People had their privacy and dignity respected.

Staff placed people at the heart of the service and ensured they were the driving force in deciding what worked well in relation to their care and support. People lived a fulfilling life which was enriched by the support given to develop their skills and independence which led to them having more autonomy. People enjoyed a rich and active social life.

People were involved in giving their views on how the service was run and there were systems in place to monitor and improve the quality of the service provided.

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?

The service was safe.

People were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medication as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Good



Is the service effective?

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support and where they needed support to make decisions they were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Good



Is the service caring?

The service was caring.

People lived in a service where staff valued them and cared for them in a way they preferred. People were encouraged to make choices about the way they lived by staff who cared about their emotional needs.

Staff respected people's rights to privacy and treated them with dignity.

Good



Is the service responsive?

The service was responsive.

Staff placed people at the heart of the service and ensured they were the driving force in deciding what worked well in relation to their care and support. People lived a fulfilling life which was enriched by the support given to develop their skills and independence which led to them having more autonomy. People enjoyed a rich and active social life.

People were supported to raise issues and staff knew what to do if issues arose.

Outstanding



Is the service well-led?

The service was well led.

People were involved in giving their views on how the service was run.

The management team were approachable and there were systems in place to monitor and improve the quality of the service.

Good



The Orchard Care Home

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 inspected the service on 1 December 2015. The inspection was announced. We gave 30 minutes' notice of the inspection as the service is small and we wanted to be sure people would be at home. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the visit we spoke with all six of the people who used the service. We also spoke with the relative of one person to get their view of the service.

We spoke with three members of support staff, the registered manager and the registered provider. We looked at the care records of two people who used the service, medicines records of six people, staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and registered provider.

Is the service safe?

Our findings

People felt safe in the service. We asked three people who used the service if they felt safe and they confirmed they did. We observed interactions between staff and people who used the service during our inspection and it was clear that people were comfortable with staff. The relative we spoke with told us they felt their relation was safe. They told us, "I have peace of mind knowing [relation] is there."

Staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise allegations or incidents of abuse and understood their role in relation to reporting any concerns to the registered manager or to external organisations such as the local authority if they needed to. One member of staff told us, "I know [manager] would do something straight away if there were any concerns."

Risks to individuals were recognised and assessed and staff had access to information about how to manage the risks. We saw records which showed that risks to people in relation to keeping them safe in the service such as when using electrical household appliances had been assessed. There was guidance in place informing staff how to minimise the risk whilst still supporting people to be independent. Risks were also assessed for when people accessed the community and there was guidance for staff detailing how to support people to keep safe. For example one person regularly travelled alone to a social club and this had been assessed and measures put in place to respond to any issues which could arise.

People had a health action plan or a 'traffic light assessment' which contained detailed information about individuals and how to support them in the event they were admitted to hospital.

People we spoke with told us there were staff available to support them and to escort them to activities in the community. The relative we spoke with also told us they felt there were always enough staff to support people appropriately. We observed this to be the case with staff available to support people who stayed in the service on the day of our inspection and staff available to take people to appointments and out into the community.

The registered manager told us that staffing levels were different each day and were determined on the activities and appointments planned for that day. Staff we spoke with said they felt there were enough staff to meet the needs of people who used the service.

People were assessed on admission to determine if they were able to and wished to administer their own prescribed medicines. People had been assessed as not being safe to administer their medicines and so relied on staff to do this for them. We asked two people if staff gave them their medicines when they should and both confirmed they did.

We found the systems were safe and people were receiving their medicines as prescribed and medicines were stored safely. Records showed people were receiving their medicines as prescribed by their doctor. Staff received training in the safe handling and administration of medicines and had their competency assessed prior to being authorised to administer medicines. The competency was based around the needs of the people who used the service and one member of staff told us they had been assessed for competency in administering some people's medicines but in more complex cases the observations were done over a long period of time before an assessment of competency would be made.

Is the service effective?

Our findings

People we spoke with told us they got on well with the staff. One person said, "I like them all." Another said, "Yes I like the staff I do." The relative we spoke with commented positively on the staff and told us they felt the staff were knowledgeable about what they did. We observed staff supporting people and saw they were confident in what they were doing and had the skills needed to care for people safely.

People were supported by staff who were trained to support them safely. Staff we spoke with told us they felt they received training which was appropriate in guiding them to deliver effective care. Records we saw confirmed that staff were given the training they needed to provide them with safe working practices and to give them a knowledge and understanding of the needs of people they supported. One person was undergoing tests to see if they had developed a dementia related illness and the registered provider had arranged for staff to attend dementia training so they would understand the needs of this person. Staff were also supported to gain a recognised qualification in health and social care.

Staff were given an induction when they first started working in the service. The registered manager told us that staff were given an induction and there had been discussions with staff in preparation for the new nationally recognised induction called the care certificate to be rolled out. All three staff we spoke with told us they had been given an induction and shadowed another member of staff until they felt confident in their role.

People were cared for by staff who received feedback from the management team on how well they were performing and assessing development needs. Staff told us they had regular supervision from the registered manager and were given feedback on the job they did and found this useful.

People were supported to make decisions on a day to day basis. We observed people decided how they spent their time and we discussed this with two people who told us they felt they were in control of decision making.

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 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.

We found staff that we spoke with had a very good understanding of the MCA and their role in relation to this. The registered manager also understood the need for capacity assessments to be completed and had held meetings to discuss decisions made in peoples best interests

The registered manager displayed an understanding of DoLS and was in the process of assessing one person for an application for a DoLS. This person's capacity to make decisions was being assessed and the registered manager wanted to be sure the person was not being restricted without the required authorisation.

People were supported to eat and drink enough. We spoke with two people about the food and they told us they had enough to eat and that they liked the food. We observed people were able to help themselves to food and drinks when they wished to. We saw there were adequate food stocks in the service for people to access.

People's nutritional needs were assessed regularly and there was information in support plans detailing people's nutritional needs. One person had a risk identified in relation to their nutrition when they first moved into the service. A healthy eating plan was followed to support the person with this and the person had completed two training courses to give them an insight into healthy eating. This had resulted in the person achieving their target weight.

People were supported with their day to day healthcare. People told us they were supported to attend routine appointments and on the day of the inspection we saw one person being supported to go and attend an appointment

Is the service effective?

at the dentist. The staff we spoke with had a good knowledge and understanding of people's health conditions and knew how to support them and respond to changes in their conditions. Records showed that people were supported to attend appointments such as to the hospital and the doctors. Records also showed that staff sought advice from external professionals when people's health and support needs changed.

We saw there were plans in place guiding staff in how to monitor and manage people's healthcare needs. For example one person had a health condition and there was guidance in place for staff detailing how to monitor this and to respond to changes. The registered manager told us there were plans to implement new care plans which would be rolled out within the service to further improve the information staff had about people's health and support needs.

Is the service caring?

Our findings

All of the people we spoke with told us they were happy living in the service. One person said, "I like living here. I like them all (staff) they help me." The relative we spoke with told they felt their relation's life had improved. They told us, "[Relation] has improved since being there. They are a different person, calmer. Staff are very caring. They have made [relation] a part of the family."

We observed staff interactions with people who used the service and we saw people were treated with warmth and kindness. The atmosphere in the service was warm and homely with people looking relaxed, happy and content. Staff we spoke with told us they 'loved' working in the service. Two members of staff told us it was like 'home from home.' One member of staff said, "We are like a family here."

Staff spoke positively about the people they supported. They felt they made a difference to the lives of people and one member of staff gave us an example of when they had supported a person, who liked a set routine, to change their routine to fit in with new activities. The member of staff clearly valued the person's emotions around this and had worked hard to support them to achieve the change. People we spoke with felt staff knew them well and we observed this to be the case during our observations and discussion with staff, staff clearly had an understanding of people's preferences and abilities.

The registered manager and registered provider also spoke positively about the people who used the service and we observed they knew people well and clearly valued people and cared about their wellbeing. We observed the registered provider speaking with a person and asking them to reflect on something which had happened in the community and it was clear this was done to remind the person that they were in control of their own movements and decisions. Another person had been distressed when a member of staff who was special to them at a day service they visited had left the service without telling them. The registered provider had taken the time to find the member of staff and arrange for them to meet with the person and have lunch with them. The registered provider told us this had given the person some closure and acceptance.

Some people had lost relatives throughout the past year and we saw staff had appreciated the impact this would

have on people through the upcoming Christmas period. To support them staff had involved the local church and had worked with people to create a Christmas remembrance tree with pictures and messages for relative's people had lost. This had been developed to help people remember their relatives and to be able to see pictures of them and it was displayed in the lounge.

People were supported to spend time with their relatives and their friends. One person described a forthcoming holiday they were taking with their relatives and told us about visits their relatives and friends made to the service. The relative we spoke with told us they were always made to feel welcome when they visited. We saw people were supported to visit their relations and to spend time with their friends.

We observed people spent their time as they wished to and people told us they were given choices. One person said, "We choose the food." The relative we spoke with told us their relation was supported with choices and chose what they did and where they went. People were involved in meetings to decide menus and activities and had been involved in the recent redecoration of their bedrooms which we saw were highly personalised to individual preferences.

People were supported in a way they preferred and were supported to achieve their goals and aspirations. We saw that one person had two goals and staff had supported them to achieve both. For example the person had wanted to go on an airplane and staff had taken the person on one the year prior to our visit. Care records contained details about what and who was important to people and how they preferred to be supported. Staff we spoke with had a good knowledge of people's preferences and what would work well for them. We saw one person's care records detailed the person liked to sing and we saw staff encouraging the person to sing and dance during our visit.

People's diverse needs were respected and staff supported them to attend their preferred places of worship. The registered manager told us that people who wished to attend a place of worship were supported to do this and records we saw confirmed this.

The registered manager told us that no-one was currently using an independent advocate but that two people had

Is the service caring?

been supported to access advocates recently. There was information available for people to inform them of advocacy services. Advocates are trained professionals who support, enable and empower people to speak up.

People were supported to have their privacy and were treated with dignity. We observed people were treated as individuals and staff were respectful of people's preferred needs. Two people had developed a friendship in the service and a seating area had been created in one of their bedrooms so they could spend time away from other

people if they wished. The relative we spoke with told us they felt people were treated with dignity and as individuals. We observed staff treating people with dignity and people were supported to have time alone when they wanted to.

Discussions with staff showed they understood the values in relation to respecting privacy and dignity and the registered manager told us the management team carried out observations of staff practice to ensure people were treated appropriately.



Is the service responsive?

Our findings

People were in control of planning their own care and support and changes were made based on what they preferred. For example, 'reflective meetings' were held each week to support people to decide what had worked well for them. These involved people being encouraged to spend time alone on a set day thinking about the previous week and what had gone well and not so well. They then met with a member of staff to decide what could be changed for the following week to make the week better. Furthermore, 'Saturday social breakfast' was held each weekend so that the reflections could be discussed as a group and plans made for the following weeks activities and social functions.

People were given the support they needed to develop and maintain independence and autonomy. The relative we spoke with told us, "[Relation] has become more independent since living here. [Relation] is now able to do washing, ironing and cleaning. They could never do that before they moved in to The Orchard." On the day we visited we saw one person spending time cleaning their bedroom. We spoke with this person and it was clear they enjoyed doing this and were proud of their work. Another person made lunch for all of the people who used the service and in the evening we saw other people being supported to cook the evening meal as a group.

We saw there was an independent living skills plan with people having set tasks to do each day and these were alternated each week. The registered manager told us that the skills were an important part of people's lives and that people did tasks which met their skills but also developed new ones. We saw a new family room had been developed and within this was an independent living utility area so that people could spend time doing their own washing and ironing. People had also been involved in a gardening project in the service and this had resulted in them growing their own vegetables and using them as ingredients for their meals.

People were supported to develop their education and work skills. One person we spoke with told us how they enjoyed their job, which they went to one day a week. The person had wanted a second job and they told us staff had gone out with them, to try and source a placement. They had applied for voluntary work and been successful and now volunteered at the placement each week.

People were encouraged to develop their skills and knowledge. We saw people had been supported to gain a qualification in relation to baking cakes. A tutor had also visited and supported people to develop this skill and this had resulted in people baking cakes for special events such as family days and birthdays. People had also been supported to gain qualifications in other areas of interest such as drama and cooking meals. The registered manager showed us the application for an award people were going to be taking part in and this involved them developing skills around understanding their own emotions and recognising their skills and abilities.

People were also supported to follow their interests and have an active social life. On the day of our inspection four people were supported to go out into the community. One person we spoke with told us about a wide range of activities they took part in, including belonging to different social clubs and doing activities both within and outside of the service. One of the social clubs had some recent issues and the registered provider had agreed for the club to be held in the service and one person had enjoyed this as their friends had been a part of it. The registered provider had funded a games room in a garden house and this had a wide range of equipment for people to use such as a juke box, a pool table and an air hockey table. People and staff we spoke with told us these were regularly used. We saw there was an extensive plan in place for people to enjoy the upcoming festive period with parties and trips to places of interest. People who used the service and staff told us of holidays people were supported to go on and told us they had gone on two holidays this year. One member of staff told us, "The holidays are really enjoyed."

People had regularly gone swimming at a local leisure centre but the registered provider had said there was an issue at the leisure centre and this was unable to be rectified. Discussions with people had resulted in them saying they only went swimming for the relaxation in the water and so the registered provider had a large hot tub installed in the garden house so that people could have their water relaxation in comfort. Staff told us that people enjoyed the hot tub for relaxation and for hot tub parties in the summer.

People were supported to keep fit and take part in healthy activities. We saw there was some newly purchased gym equipment in the garden house and the registered manager told us that once a week all of the people who



Is the service responsive?

used the service did some type of healthy activity. They could choose from using the gym equipment, using interactive equipment in the main house or going out into the community to a fitness club. Staff told us people enjoyed doing this once a week and one person was particularly enjoying it.

People knew what to do if they had any concerns. We spoke with one person and asked them what they would do if they had any concerns and they told us, "Tell someone. Tell the staff." We observed people were comfortable approaching and speaking with staff and the registered manager and provider. Records showed people discussed how to raise concerns at their care reviews, to

ensure they knew the process and were comfortable to raise concerns. The relative we spoke with told us they would have no hesitation in raising concerns if they had any and felt they would be acted on. They said, "I have no concerns at all." We observed the registered provider speaking with a person about an experience they had recently had outside of the service and the registered provider had guided the person on how they could stand up for themselves.

The registered manager told us they had not received any complaints but from discussions it was clear that both she and the staff knew what to do if a complaint was made.

Is the service well-led?

Our findings

We spoke with all six people who used the service and they all told us they were happy living there. The relative we spoke with also spoke positively about the service, saying, “It is like a five star hotel. It is excellent and I couldn’t wish for anywhere better.”

People who used the service were supported to have a say in how the service was run through regular meetings, reviews of their care and support. Relatives were also supported to be involved via review meetings and annual family days. The family days were held in a local club and the day was used for families, people who used the service and staff, including the registered provider to get together to have fun and share views. Staff told us that people were able to give their views at any time and one member of staff gave an example of when a person had made a suggestion about the menu and told us this was acted on straight away.

There was a registered manager in post and she worked full time in the service. The registered manager was supported by the registered provider who also spent time in the service on a regular basis. People told us they got on with the registered manager and we observed people had a good relationship with the management team and were comfortable with them. We saw the registered manager and registered provider interacting with people and we saw they engaged with them in an open and inclusive way. The relative we spoke with spoke positively about the registered manager and said, [Registered manager] is the Orchard. She is what makes it.”

Staff told us they were able to raise issues or put forward ideas with the management team and felt they were

listened to. They told us they felt supported and one member of staff said, “There is always someone available to give advice.” A second member of staff said, “[The registered manager] knows the staff team well and knows their strengths and weaknesses and gives reassurances.” We saw staff were supported to give their views and learn about changes in the service via regular staff meetings. We saw the minutes of the last two meetings and saw staff were given an opportunity to talk about any issues. One member of staff told us, “If anyone makes a suggestion then it is discussed with everyone and then acted on.”

Staff were given an opportunity to have a say in how the service was running through regular staff meetings. We saw these meetings were used to give information to staff and for staff to raise any issues or suggestions for improvement. One member of staff told us, “I feel listened to. The management team are approachable. I enjoy working for the company.” Another member of staff said, “The management are really approachable. Probably some of the best bosses I have worked for.” We observed the staff were happy in their work and there appeared to be good team moral with staff communicating well with each other.

People could be confident that the service was monitored and any improvements identified were implemented. The management team carried out audits of a range of areas of the running of the service for example testing the competency of staff, environmental and infection control audits. An annual ‘self-assessment’ was carried out and which included for example, a review of care records and staffing levels and qualifications. An external organisation was contracted each year to carry out an extensive health and safety audit of the service. This included the safety of the environment and all equipment used.