

Brandley Limited Orchid House

Inspection report

49 Elsenham Road
Manor Park E12 6JZ
Tel: 020 8478 1517

Date of inspection visit: 21 August 2015
Date of publication: 25/09/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Orchid House on 21 August 2015. This was an announced inspection. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

Orchid House is a care home providing accommodation and support with personal care for people with learning disabilities. The home is registered for three people. At the time of the inspection they were providing personal care and support to three people.

There was a registered manager at the service 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.

Staff received regular one to one supervision and undertook regular training. However staff did not receive annual appraisals of their performance in their role.

People were supported to consent to care and the service operated in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were supported to eat and drink sufficient amounts and had choice over

Summary of findings

what they ate. People were supported to access healthcare professionals. People's finances were managed and audited regularly by staff. People were given their prescribed medicines safely.

People were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The support plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. Care and support was tailored to meet people's individual needs and staff knew people well. The support plans included risk assessments. Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed.

We observed interactions between staff and people living in the home and staff were caring and respectful to

people when supporting them. Staff knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the service.

People were supported to access the local community. People using the service pursued their own individual activities and interests, with the support of staff if required.

There was a clear management structure in the home. People who lived at the home and staff felt comfortable about sharing their views and talking to the manager if they had any concerns. The registered manager demonstrated a good understanding of their role and responsibilities, and staff told us the registered manager was always supportive. There were systems in place to routinely monitor the safety and quality of the service provided.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

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. There were a safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance for staff. People were given their prescribed medicines safely.

We found that staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Good



Is the service effective?

The service was not always effective. Staff received regular one to one supervision and undertook regular training. However staff did not receive an annual appraisal of their performance in their role.

The provider met the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards to help ensure people's rights were protected.

People were supported to eat and drink sufficient amounts of nutritious meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and to access health care services and professionals when they needed them.

Requires improvement



Is the service caring?

The service was caring. People were happy at the home and staff treated them with respect and dignity.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences.

People using the service were involved in planning and making decisions about the care and support provided at the home.

Good



Is the service responsive?

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

We saw people's care plans had been updated regularly and when there were any changes in their care and support needs.

People had an individual programme of activity in accordance with their needs and preferences.

Good



Summary of findings

People using the service were encouraged to express their views about the service.

Is the service well-led?

The service had a registered manager in place and staff told us they found the manager to be approachable and accessible.

Various quality assurance and monitoring systems were in place. Some of these included seeking the views of people that used the service.

Good



Orchid 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.

Before we visited the home we checked the information that we held about the service and the service provider. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning team that had placements at the home, the local Healthwatch and the local borough safeguarding team.

The inspection team consisted of two inspectors. During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during our inspection which included viewing one bedroom of a person who lived at the service with their permission. We spoke with all three people who lived in the service on the day of the inspection. We also talked with the nominated individual, the registered manager and a support worker. We talked with another support worker after the inspection. We looked at three care files, staff duty rosters, three staff files, a range of audits, minutes for various meetings, medicines records, accidents & incidents, training information, safeguarding information, health and safety folder, and policies and procedures for the service.

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "I feel safe here."

Staff were able to explain the procedure they would follow in the event of any concerns about people's safety. They all knew the different types of abuse and had a good understanding of the provider's policy for safeguarding. One staff member told us, "I have done safeguarding training." The same staff member said, "I would observe and report to the manager. I would report to the police and the local authority if nothing was done." We saw records that safeguarding training had been delivered to staff. Staff we spoke with knew about whistleblowing procedures and who to contact if they felt concerns were not dealt with correctly.

The service had a safeguarding policy. However, the procedure did not have the relevant local authority contact details and the most up to date information on Care Quality Commission. The registered manager told us there had not been any allegations of abuse since our last inspection. The registered manager was able to describe the actions they would take if incidents had occurred which included reporting to the Care Quality Commission (CQC) and the local authority. This meant that the service and the registered manager knew how to report safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively. The local safeguarding team did not express any concerns about the service.

The service supported people with their finances. For all the people using the service the court of protection had appointed the local authority as their appointee to manage their finances. The service held money on behalf of all the people that used the service in locked storage. We checked all financial records of the people using the service and did not find any discrepancies in the record keeping. The home kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were checked and we saw records of this. This minimised the chances of financial abuse occurring.

Care and support was planned and delivered in a way that ensured people were safe. The care plans we looked at included risk assessments which identified any risk associated with people's care. We saw risk assessments had been devised to help minimise and monitor the risk.

Where risks had been identified, there was guidance for staff about how they would be managed. For example, when people were at risk of falls or had medical conditions such as diabetes, or a mental health diagnosis. We saw information was available to staff about how to manage certain mental health medical conditions.

The service had a robust staff recruitment system. We saw that appropriate checks were carried out before staff began work. Staff files showed that two references were obtained and criminal records checks were carried out to check that staff did not have any criminal convictions. The registered manager and records showed that the service obtained criminal records checks every two years. This assured the provider that employees were of good character and had the qualifications, skills and experience to support people living at the home.

Staff and people told us that there were always enough staff on duty. One staff member told us, "I think there are sufficient staff working. There is cover." We looked at the duty rota for the last three months and saw that the staffing levels indicated on the record matched the number of staff present during our inspection. The registered manager and staff confirmed that the staffing levels were flexible and changed according to people's needs. For example, the registered manager or the nominated individual covered when people needed support to attend hospital appointments or to undertake specific activities.

The premises were well maintained and the nominated individual had completed all of the necessary safety checks and audits. We saw that fire safety checks and drills were done regularly. Fridge and freezer temperature checks, portable appliance testing and gas safety inspections were carried out at appropriate intervals to ensure people's safety.

Medicines were stored securely in a locked cupboard located in the office. People also had medicines in a securely locked cabinet in their room. We found that medicines administration record sheets were appropriately completed and signed by staff when people were given their medicines. We checked medicines records and found the amount held in stock tallied with the amounts recorded as being in stock. Guidelines were in place which provided information to staff about when it was appropriate to administer medicines that were prescribed on an 'as required' (PRN) basis. Training records confirmed that all

Is the service safe?

staff authorised to handle medicines on behalf of the people who lived in the home had received medicines training. One staff member told us, “I read about medicines and see the impact as it is my responsibility.”

Is the service effective?

Our findings

Staff told us they felt supported however we saw no recorded evidence of recent staff appraisals. Staff files showed that appraisals were last completed for staff in 2012. We asked the registered manager why appraisals were last completed in 2012. The registered manager told us, "We have not done staff appraisals. We found that they cause anxiety amongst staff." One staff member when asked about appraisals told us, "I yearn to have a formal development." This meant staff did not always have the professional development necessary to enable them to carry out the duties they are employed to perform.

This was a breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received regular formal supervision and we saw records to confirm this. One staff member said, "I get regularly supervisions. Talk about service users, my role, care plans, see if I need any forms of improvement and if people's needs have changed." Another staff member said, "I have supervision once a month."

Records showed training that had been completed for each member of staff. The training included learning disabilities, dementia, record keeping, fire safety, food safety and hygiene, health and safety, behaviours that challenge, infection control, safeguarding for adults, Mental Capacity Act 2005 & Deprivation of Liberty Safeguards (DoLS), person centred planning, and equality and diversity. The staff files showed us that all of the staff had completed the induction programme, which showed they had received training and support before starting work in the service. Staff told us they received regular training to support them to do their job. One staff member told us, "The training is good. We do it every month." Another staff member said, "As a small team we learn from each other very quickly. We pick up skills from each other."

During our inspection we saw that people made choices about their daily lives such as where they spent their time and the activities they followed. We saw that the staff in the home sought people's consent and agreement before providing support to them. This consent was recorded in people's care files. One staff member told us, "We get consent with everything." Another staff member said, "I know their choices but I still ask them."

We spoke to the registered manager about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They had a good understanding of the MCA and DoLS and made sure that people were supported to maintain their freedom. Services should only deprive someone of their liberty when it is in their best interests and there is no other way to look after them and they have the legal authorisation to do so. Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate that they were knowledgeable and had an understanding of MCA and DoLS and when these should be applied.

People told us they liked the food provided at the service. One person said, "I help with the cooking." Staff told us that people were involved in choosing what they ate. They told us regular meetings were held where people planned the menu. This was done with the support of pictures to help people to make choices. A shopping list was then made and people were involved in shopping if they wanted to. Meals were flexible to meet people's needs.

People's nutritional needs were assessed regularly and there were care plans in place informing staff of people's nutritional needs. One person had lost some weight and staff had discussed this with the person's doctor. We saw a referral to a dietician had been requested and their recommendations to prompt the person to eat more had been added to the person's care plan. One staff member said, "They saw a dietician and a plan was put in place including protein supplements and eating more." Records showed that this person was weighed regularly and their weight had increased.

People's health needs were identified through needs assessments and care planning. We spoke with people about the access to health services. One person told us, "I visit the doctor when I am not well." Records showed that all of the people using the service were registered with local GP's. We saw people's care files included records of all appointments with health care professionals such as GPs, dentists, chiropodist, dietician and optician. Records of appointments showed the outcomes and actions to be taken with health professional visits. People were supported to attend annual health checks with their GP and records of these visits were seen in people's files.

Is the service caring?

Our findings

People told us they thought that the service was caring and they were treated with dignity and respect. One person told us, "We like living here."

We saw that people who lived at Orchid House knew the staff, registered manager and nominated individual. They appeared comfortable around all the staff employed in the home. During our inspection we saw that the staff were friendly towards the people who lived in the home. We saw that the staff gave people their time and attention and shared jokes with people. This helped to create a relaxed and homely environment for people to live in.

Staff members knew the people using the service well and had a good understanding of their personal preferences and backgrounds. One staff member told us, "You stand in a privileged position to care for them." The same staff member said, "I learn from them. They have no bias, no racial elements. We have genuine friendships."

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People living at the service had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included life histories, how people liked to communicate, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them. The information covered all aspects of people's needs and clear guidance for staff on how to meet people's needs. For example, a care plan stated that one person would rock back and forth when they needed to go to the toilet.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. The service supported people to become more independent in other ways, for example with helping with preparing food and activities in the community. One staff member told us, "Interaction is very powerful with people with learning disabilities."

People's needs relating to equality and diversity were recorded and acted upon. Staff members told us how care was tailored to each person individually and that care was delivered according to people's wishes and needs. This included providing cultural and religious activities and access to their specific communities. For example, one staff member described how one person was from a specific cultural background and they supported them with food from their country. One staff member told us, "I support him with his culture such as how his food is placed on the plate." We saw people were supported to attend places of worship.

Staff had a good understanding of how to promote people's privacy and dignity. They told us they encouraged people to do as much for themselves to promote their independence. A staff member said, "When administering personal care you respect their choices." Another staff member said, "We have to respect them. If someone says don't come into my room I don't." Staff were aware of the importance of promoting people's choice. One staff member said, "We support them to make choices."

Is the service responsive?

Our findings

People told us how they had been involved in their care planning. One person told us, "I have a care plan and I sign it." Another person said, "We have meetings with the staff."

People who used the service were involved in decisions about their care and they got the support they needed. We saw that care plans contained assessments of people's needs, which looked at all aspects of the person. We looked at care plans which all contained details of dietary needs, sensory awareness, health issues, medicines, communication, finances, religion and culture, relationships, activities, sexuality and personal care. Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care. We noted one care plan did not address a person's change of mobility needs in the care plan however the risk assessment detailed the needs of the person changed and how the needs were to be met. Staff we spoke with were familiar with this person's needs and knew how to support this person. We asked the registered manager about the information missing from the care plan and she advised she would update the care plan with information that reflected the risk assessment.

Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. The registered manager told that plans were written and reviewed with the input of the person and their keyworker. Staff told us care plans were reviewed annually or more often if required. Each person had a member of staff who acted as their keyworker who worked closely with them. The registered manager told us, "Care plans are reviewed with the key worker. We look at them every two weeks in planned sessions."

Staff told us people living in the home were offered a range of social activities. People's care files contained a weekly pictorial activities planner. On the day of our inspection all the people went out to lunch for fish and chips, a walk in the park and food shopping. Records showed people had planned that day to go out for fish and chips. One person told us when they returned, "We had a good day." Another person said, "I like doing things like painting, walking, having tea, eating fish and chips on Fridays." People were supported to engage in activities outside the home to ensure they were part of the local community. We saw activities included going to the local shops, the park, cinema, museums, visiting places of worship and day trips to the seaside. We also saw people could engage with activities within the home which included cooking, painting, games and listening to music.

Resident meetings were held regularly and we saw records of these meetings. The minutes of the meetings included topics such as food menu choices, day trips and activities.

There was a complaints process available and this was available in an easy to read version which meant that those who may have difficulties in reading had a pictorial version explaining how to make a complaint. The complaints process was available in the communal area so people using the service were aware of it. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised. One person said, "We speak to the manager if we are not happy and want to complain." The service had no complaints recorded since the last inspection.

Is the service well-led?

Our findings

Staff told us they found the registered manager to be helpful and supportive. One staff member said, “The manager is good. Whenever you need her she is there. Anything I need they support us. It is like a family” Another staff member said, “She has great experience. She has a wide knowledge of the people here. I believe I am supported.”

People benefitted from an open and transparent culture within the home. Staff were able to raise any issues or put forward ideas with the management team and felt they were listened to. One staff member told us, “She gives us support in our professional and personal lives.” Staff were happy and worked well together which created a happy atmosphere and in turn was reflected in people’s care. Staff clearly enjoyed working at the service and staff told us they enjoyed their job. The registered manager told us, “As a manager I create an open culture and remain positive and motivating. I discuss things with staff such as, complaints, training, clients in meetings and one to ones.”

Staff told us the service had regular staff meetings. One staff member said, “Team meetings happen regularly. You get the opportunity to talk about and update ourselves and get training.” Another staff member said, “We have staff meetings once a month. We discuss service users, what they eat. We talk about everything. Issues are definitely addressed.” Records confirmed that staff meetings took place regularly. Agenda items at staff meetings included infection control, training, resident’s likes and dislikes, equality and diversity, medicines, health and safety, and update on resident’s health needs.

The registered manager told us that various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service. We saw people were asked their views throughout the year and this was recorded. For example, the service

issued a pictorial survey to people. Topics included on the survey covered quality of service, friendliness of staff, cleanliness, home décor, choices, and complaints. We saw the results of the survey were positive.

The local borough had conducted a monitoring visit in May 2015 and made recommendations for as required’ medicines (PRN) to be recorded on medicine records and the service to update the home décor. We saw on the day of the inspection the service had addressed both these recommendations.

We looked at a number of policies and procedures that gave guidance to staff in a number of key areas. We saw that these policies were due to be reviewed to ensure that they were up to date due to the changes in regulations. The registered manager told us the service was in the process of using an external service to update the policies and procedures.

We found that people’s records were kept securely in order to protect people’s confidentiality. This showed that the service recognised the importance of people’s personal details being kept securely to preserve confidentiality.

We saw records to show that the service carried out regular audits to assess whether the home was running as it should be. We saw checks completed recently on medicines, people’s finances, and general environment. One staff member told us, “They [registered manager] always check for mistakes on the medicines sheet.” The nominated individual also did a monthly visit which looked at various topics. Records showed these s checks had looked at activities for people, food, finances, supervision, medicines and furniture. We saw that the service completed an annual quality assurance report which analysed staffing issues, recruitment, training, resident’s annual survey, complaints, health and safety and home décor. For example, the quality assurance had identified furniture and the premises needed to be updated and this had now been addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff did not receive regular appraisal of their performance in their role.18 (2) (a)