

Mrs Gemma Collins

The Old Orchard

Inspection report

The Old Orchard
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Date of inspection visit:
19 June 2017

Date of publication:
20 July 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection was carried out on 19 June 2017. The Old Orchard specialises in supporting people with a learning disability who have reached the age of 18 and leaving services run for children and young people to move into services for adults. The Old Orchard provides accommodation and personal care for up to six people. On the day of our inspection there were five people who were using the service.

At the last inspection, in November 2014, the service was rated 'Good'. At this inspection we found that the service remained 'Good'.

The service is managed by the registered provider, so does not require a registered manager. Registered providers are 'registered persons' who have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People continued to receive safe care. Most staff had received appropriate adult safeguarding training and were aware of their role and responsibilities to protect people from avoidable harm. Risks associated with people's individual needs, including the environment and premises had been assessed and plans were in place to mitigate any risks. Procedures were in place to report any accidents and incidents and these were investigated and acted upon appropriately.

Staff underwent appropriate recruitment checks before they commenced their employment. Staffing levels were flexible and met people's individual needs. People were supported to receive their medicines safely.

People continued to receive effective care and support. Staff received an appropriate induction, ongoing training and opportunities to discuss and review their work, development and training needs.

The principles of The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had been applied where required. People were supported with any dietary and nutritional needs and meal preferences were known and respected. People were supported appropriately with their health care needs and the staff worked well with external healthcare professionals following any guidance and recommendations made.

People continued to receive good care. People had developed positive relationships with staff who understood their individual routines and preferences, and knew what was important to them. Staff were caring and treated people with respect, kindness and dignity. People influenced their care when they were able to do so.

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

People continued to receive a service that was well-led. People who used the service were positive and said that the leadership and ethos of the service was good. The provider improved their quality assurance system when we identified it was not identifying some improvements that were needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains: Good

Is the service effective?

Good ●

The service remains: Good

Is the service caring?

Good ●

The service remains: Good

Is the service responsive?

Good ●

The service remains: Good

Is the service well-led?

Good ●

The service remains: Good.

The Old Orchard

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.

This inspection took place on 19 June 2017 and was unannounced. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. 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 looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners who fund the care for some people and asked them for their views.

During the inspection we spoke with one person who used the service and three relatives. We also spoke with three care workers, the quality officer, the deputy manager, the company director and the manager.

We considered information contained in some of the records held at the service. This included the care records for two people, staff training records and other records kept by the registered manager as part of their management and auditing of the service.

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.

Is the service safe?

Our findings

We saw people enjoyed the company of staff and got on well with the other people who used the service. One person told us, "I feel safe with my friends." They explained to us that they saw staff as their friends. A relative told us that following an incident that had taken place involving her relation staff had acted "promptly and appropriately".

Most staff had received safeguarding training and were able to discuss the different types of abuse people may be exposed to and their role in preventing this. We did find one member of staff had not and the registered manager told us the staff member had "slipped through the net" and they would arrange for them to have the training that week, which they later confirmed to us had been done. The provider had informed us when there had been an incident or circumstances that had given cause for concern about someone's safety. These had been responded to appropriately and action taken to protect people from harm.

The risks to people's safety were managed well and the way this was to be done was recorded in a risk assessment. These included how to keep people safe when out in the community and how to prevent accidents or incidents occurring in the service. A relative told us risks were "discussed in a lot of detail" but their relation did go "out and about". Records showed safety checks on the premises were carried out at the required frequency.

There were enough staff on duty to meet people's needs. A relative told us there were "the right number of staff". We saw there were staff available to provide people with the support they needed and when people went out there were the agreed number of staff to accompany them. Staff explained how they were deployed and ensured that people who were allocated additional one to one time received this. The quality assurance officer described the recruitment steps followed to help ensure people were cared for by fit and proper staff.

People were supported to take their medicines when they needed to take these. Staff described how medicines were managed from ordering new supplies, checking medicines received were correct, their safe storage and administration. Some people required some medicines to be with them at all times due to their health needs. There were arrangements in place to facilitate this and Staff had been trained in how to administer these medicines an emergency.

Is the service effective?

Our findings

People were supported by staff who received the training and support needed to meet their needs. A relative told us there was a "strong training programme". The relative also said they had provided some training to staff in an area they had particular skills in which benefited all people who used the service. Staff worked in set teams and each team attended a training session every six weeks to provide new and updated training. Staff told us this worked well and they had the support and supervision they needed.

People were supported to make the decisions they were able to. A relative said staff were "good at that". We saw staff encouraging and promoting people to make choices throughout our visit which they responded to. Staff also supported people in decisions to make these safe. For example people who wanted to go into the garden had sun cream applied before doing so due to the hot weather.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and how decisions should be made in people's best interests lawfully. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had notified us when a DoLS had been approved and whether any conditions had been made by the approving authority.

People were provided with meals, snacks and drinks they enjoyed and had a healthy diet promoted. One person who used the service told us they had enjoyed their lunch that day and that their favourite food was salad. A relative told us their relation had been supported to lose weight since moving to the service through eating more healthily and less frequently. Staff told us that people were provided with a good diet that accommodated their preferences whilst encouraging them to eat healthily. They also said they monitored people's weight. A speech and language therapist told us they had provided advice and support for people who used the service previously which staff had followed. Staff described providing people with specific diets which met their health and cultural needs.

People's health needs were known and they received the healthcare support they needed. A relative told us how staff had quickly noticed changes in their relation's health and sought appropriate medical support on several occasions. Another relative we spoke with had contacted us to express their gratitude as to the support staff had shown to their relation when they were taken ill on holiday. They told us, "When the chips were down they really proved their commitment and quality of care."

Staff told us they had a good understanding of people's physical and other health needs. Each person had a health action plan where all appointments and health needs were recorded to enable these to be effectively managed. They also had a hospital passport with essential information about them should they need to go to hospital.

Is the service caring?

Our findings

Staff had a good rapport with people who used the service and supported them in a way they understood and enjoyed. One person told us the staff were "nice" and "good". A relative told us staff were "definitely caring". Another relative told us their relation was "living a nice adult life". A third relative said, "[Name] can't express themselves (verbally) but I never have any problems when it's time to go back after a weekend with me. I am impressed with what they have in place."

We saw staff being attentive and knew how to interact with people in a way that brought about a positive response such as a smile or a laugh. Staff spoke enthusiastically about their work and said they enjoyed this.

A speech and language therapist was visiting one person and discussing their treatment with staff. They told us the staff were "brilliant" and did the tasks they had asked them to which were increasing the person's communication opportunities. People's religious needs were known and where needed people were supported with these.

People were able to influence their care and how this was provided. One person told us staff "listen to me". A relative told us staff spent time trying to find out what is important to their relation and what they liked to do. We saw people influenced the way they were cared for and supported by indicating to staff what they did and did not like and what they wanted to do. Staff said people's involvement in deciding their care was an evolving process as they were always learning more about what people liked and wanted. One staff member said their training helped them to understand how people expressed themselves.

People were supported in a caring and sensitive way. A relative told us their relation's privacy and dignity was respected adding "very much so." Staff told us how they supported people to maintain their own privacy and dignity for example by ensuring people were dressed appropriately in communal areas of the service. Each person was able to have privacy in their own room and bathroom when they wished and staff said they always knocked on doors to obtain people's consent before entering.

There was a dignity champion in the service who was described by a staff member as, "Bringing people's dignity issues to the forefront of our minds." There was a dignity tree in one of the communal rooms showing ideas and suggestions that had been made on how to promote people's dignity.

Is the service responsive?

Our findings

Each person had a varied weekly plan which enabled them to pursue their hobbies and interests, both at the service and in the local community. One person told us they were able to spend their time how they chose and said, "I like playing" and "I like to go outside". A relative told us their relation was, "Happy, stimulated and well cared for." Another relative told us staff supported their relation to follow their hobbies and interests. These included going horse riding and visiting the theatre. During our visit we saw some people going out on trips and errands with staff as well as using the facilities in the service. People moved to different rooms when they wished, as well as the garden due to the nice weather. Staff supported people with the activities available where they settled.

Each person had a detailed plan of their care. A relative told us they saw their relation's plan and they were happy with this. Staff told us they found these plans helpful in knowing how to support people. A staff member said these were 'live documents' and they updated and changed them as a person's needs changed or they found out something new a person liked or preferred.

There was a booklet about each person with pictures of things that were important to them and things they enjoyed doing with a description about these. The care plans described how people should be supported with their needs and to live their life the way they wished to. When needed it was explained how the person should be supported with the least risk that had been identified.

There was a complaints procedure in place but in practice people who used the service would rely on a relative or member of staff to advocate on their behalf to use this. Relatives told us they felt confident to raise anything they wished to with the manager. There had been one recorded complaint since our last inspection which had been investigated and responded to.

Is the service well-led?

Our findings

A relative told us they were, "Delighted with it (the service) the overall ethos is good and dedicated. Another relative said, "They strike a balance well. When I mention something they take it on board and do something about it." One person had suggested in a residents meeting that they would like to have pizza on the menu and we saw this had been included.

Staff told us the service was well run. They said people who used the service were cared for and the staff who worked there were listened to. They spoke of attending meetings and being able to express their views. The last staff survey had shown staff were positive about the service. The manager told us they had recently attained the silver level of an accreditation award. Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

The manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events in the service the provider was required to notify us about.

There were systems in place to monitor the service and ensure everything was done correctly as well as identify any improvements that could be made. We did identify that this system could be more robust in identifying where more minor improvements were needed. Following our visit the manager undertook a full audit of the service and sent us an action plan following their findings. One of these actions included undertaking an additional monthly audit to ensure all improvements needed were identified.