Milton Keynes Council

Orchard House

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

Orchard House is registered to provide personal care for people over 55 years old in their own homes and within sheltered accommodation. The service provide rehabilitation and re-enablement care for people over within 18 individual on-site flatlets, as well as rapid response care for people in their own homes during the night. At the time of our inspection 16 of the flatlets were occupied.

This inspection took place on 02 February 2015 and was announced.

There was no registered manager in post during our visit however the service has a manager who is in the process of registering with the Care Quality Commission (CQC). 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.

Summary of findings

People were protected from abuse and felt safe with the service being provided to them. Staff had a good awareness of abuse and the forms it could take, however the systems for reporting abuse were not always used effectively.

Staff were knowledgeable about risks of abuse however we found that reporting, tracking and following-up of incidents required some improvement.

There were sufficient staffing levels available to meet people's individual needs, as well as regular access to an on-site multi-disciplinary team of professionals.

There were suitable arrangements for the safe storage, management and disposal of medication.

People were asked for consent before being supported by staff, however we did not find use of the Mental Capacity Act (MCA) 2005 or sufficient levels of training and understanding regarding this piece of legislation.

People were supported to prepare their own meals and drinks as they would in their own homes, following their stay at Orchard House.

People's health needs were met and a set of rehabilitation goals were in place for each person to support their move back into the community. People felt they were treated with kindness, dignity and respect by staff.

The service listened to what people said about the care they received and took active steps to encourage feedback from each person and their families. Activities took place on a regular basis and there were books, music and games available for use at all times.

The manager had only been in post for approximately four weeks at the time of our visit which meant that not everybody was aware of who they were. Systems and processes in place for quality assurance were not embedded or used effectively.

The service shares a site with a provider of sheltered living which led to some confusion and lack of clarity in some areas.

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 not always safe.

People were safe and protected from abuse and avoidable harm by staff who understood the risks people faced.

Some improvements were needed in terms of reporting, tracking and acting upon incidents to ensure they were managed appropriately.

Effective recruitment processes were in place and followed.

Medication was managed, stored and administered safely.

Requires Improvement

Is the service effective?
The service was not always effective.

Staff received regular training and support from management.

People's consent to care was sought, however there was no record of the use of the MCA 2005 and staff training in this area was needed.

People's health and care needs were met effectively by staff who, MCA 2005 aside, have the knowledge and skills necessary to provide effective care and support.

Individual nutritional needs and preferences were catered for appropriately.

Requires Improvement

Is the service caring?
The service was caring.

People were positive about the way they were cared for and supported.

Staff were knowledgeable about people's needs, preferences and rehabilitation goals.

Good

Is the service responsive?
The service was responsive.

People were fully involved in discussions of how their care was assessed, planned and delivered.

Complaints were encouraged and the service responded to them appropriately and learned from them.

Good

Is the service well-led?
The service required some improvement in this area.

There was a lack of clarity regarding responsibility accountability due to the shared use of the building with a sheltered living service.

Requires Improvement

Summary of findings

The manager was new in post and therefore was unfamiliar to people using the service and their family members.

There was a positive culture within the service.

Orchard 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 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 02 February 2015 and was announced. We gave the provider 48 hours' notice of the inspection to ensure that people were at home and that staff were available. The service was found to be meeting the required standards at their last inspection on 14 February 2014.

The inspection team comprised of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert used for this inspection had expertise in elderly care.

We checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to

the local authority to investigate and for incidents of serious injuries or events that stop the service. We also contacted the local authority that commissions the service to obtain their views.

During the inspection we spoke to nine people who used the service, the registered manager, two team leaders' four carers and three health care professionals who were on-site. After the inspection we spoke to four relatives of people who use the service over the telephone. We also reviewed care records relating to five people who lived at the home and four staff files that contained information about recruitment, induction, training, supervision and appraisals.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel really safe here, I know the staff and trust them." Another person commented that, "I feel safe here, they [staff] are really helping me with my confidence." People felt confident they would be able to raise an issue if they didn't feel safe. We were told by one person, "If I saw anything I didn't like I would tell them [management]." People's relatives also told us that they felt that their family member was safe at Orchard House.

Staff members were able to describe types of abuse and how they would act if they suspected it had occurred. Suitable arrangements were in place to safeguard people against the risks of abuse which included reporting and whistleblowing procedures. The manager notified the local safeguarding team and CQC when safeguarding incidents took place and we saw that there was an electronic system in place for recording and reporting safeguarding incidents which automatically informs the local authority. However we found that the manager was unable to demonstrate an effective system for logging and tracking safeguarding incidents once they were reported. The manager was unable to provide details of the actions or investigations carried out as a result, therefore we could not see if the service was acting appropriately or if they took steps to prevent safeguarding incidents from reoccurring.

People were aware that risks were assessed to keep them safe. One person told us, "I am always popping out." Another said, "they slow me down to keep me safe". Risks people faced were assessed and explained to them, as were the reasons for the services interventions. For example, one person told us, "I want to go out alone but they won't let me do it yet. They say I might fall." Care records showed that the service aimed to rehabilitate people to increase their independence. People were involved in decisions regarding risks and were able to make choices which allowed them to achieve their specific rehabilitation and re-enablement goals. Support needs were re-visited regularly to ensure they received the care and support that they required. Risk assessments were in place and reflective of peoples' individual needs and risk factors.

Staff were positive about the impact that the service had on people's safety and the benefits to them once were discharged from the service. One staff member said, "The flats give us a chance to see how safe they would be at home." We saw that personalised risk assessments were completed on admission to the service with input from a multi-disciplinary team and the person involved. Some people had more support than others to try to keep them safe. We observed discussion in handover regarding recent changes to a person's behaviour, increasing risk. Staff implemented a suitable solution to this issue which minimised the impact on the person's movement whilst keeping them safe.

People told us that there were sufficient levels of staff to keep people safe and meet their needs. One person told us, "There are plenty of carers here." Another person said, "You only have to ask and they respond quickly". People's family members shared this point of view. One relative told us, "There seems to be lots of staff." Another relative said "They are always walking about to make sure everything is ok." During our visit we found that there were sufficient numbers of staff on shift, we also looked at staff rotas to confirm that these levels were reflective of usual practice. We found that safe and effective recruitment practices were followed to ensure that staff were of good character and fit for the role. We checked the records of four members of staff and found satisfactory employment checks were completed before staff commenced their role. Appropriate levels of security were in place to keep people safe without restricting free movement throughout the premises.

People were encouraged to self-administer their medicines in line with the re-enablement aims of the service; they were supported by staff trained to administer medication safely. One person told us, "I do all my tablets myself, but they order them." Another person told us, "The carer reminds me and checks I have taken them." Systems, such as lockable medication cabinets, were in place for people to administer medication for themselves if they were assessed as capable. We looked at peoples' Medication Administration Record (MAR) sheets and saw that people received their medication from staff and that team leaders checked that medication administration was signed for. There were arrangements for the safe storage, management and disposal of people's medicines however we found that on one occasion a person did not receive their medication as it had, "run out." There was no evidence of how this incident was reported or investigated. This meant medication errors may go un-reported and people may not always receive their medication in accordance with their prescription.

Requires Improvement

Is the service safe?

Although there were no controlled drugs prescribed at the time of our inspection, there were systems in place for the management of them should they be required in the future. We saw that there were regular medication checks by senior staff each day.

Requires Improvement

Is the service effective?

Our findings

We looked at care records and could not find evidence that the Mental Capacity Act (MCA) 2005 was being used to support people to make decisions or that people's mental capacity had been assessed during the care planning process. This meant that people who lack capacity may have decisions made on their behalf without following the process set out in the MCA and therefore may not have received care which was in their best interests.

People said staff members asked for their consent before providing care and support and that they were involved in making decisions. One person said, "They always ask me before they do anything." Another person told us, "The information is all in the care folder but they still ask me if it's ok to do things." Relatives told us that they were involved in decision making, alongside their family member. None of the relatives we spoke to were able to tell us whether or not decisions had been made on their family members' behalf using the MCA. We observed verbal consent being gained before care was provided and found that consent had been sought when care plans were produced.

People were looked after by staff had the necessary skills, knowledge and experience to provide good care and support. One person said, "The staff here are very good; they know what they're doing." Another told us, "They are well up on everything so the training must be good."

We saw that new staff complete a local induction programme where they spend time shadowing experienced staff and get to know people and the running of the service. During their induction they work through a checklist of tasks such as health and safety orientation and reading key policies. We also saw probationary period review forms where staff performance was discussed and areas for development highlighted.

One member of staff told us "The training is great." We saw that staff received regular training on a wide range of relevant subjects such as moving and positioning, safeguarding and health and safety. There was a system in place for recording training and highlighting when refresher courses were due. Staff had a poor record of MCA and training, with only 15 of 40 staff members listed as having completed MCA training and only one person booked onto a future course. The majority of staff members had not been trained in how to support people who lack capacity to make decisions. We discussed this with the manager who informed us that this training would be sought for staff members.

We found that staff members have regular supervision and annual appraisals in which progress is discussed, development goals are set and that disciplinary procedures are followed to address areas of poor performance. Staff told us that they welcomed this opportunity to discuss performance with the manager.

People told us that they were encouraged and supported to prepare their own meals. One person said, "I can now do my own food again, just ready meals or soup." Another person told us, "I get my own food but a carer comes to check and remind us." If needed, staff supported people to make their meals. One person told us, "My family bring my food in and a carer helps me to make it." Relatives told us that their family member got the food they needed and meals were in accordance with their own nutritional requirements and dietary preferences. For example one relative told us, "She's eating what she wants with support from staff to prepare meals." Another relative said, "He's cooking for himself now." The manager informed us that the philosophy at Orchard House was to encourage people to prepare their own meals and drinks in order to help prepare them for moving to their own home or sheltered accommodation. We saw staff checking on people to make sure they had eaten or to remind them to prepare their meal. The manager informed us that different people received different levels of support, depending on their individual goals.

People were supported to maintain good health and access relevant healthcare services. One person told us, "The nurse is here, she looks after all my medical stuff." Another person said "I go to hospital appointments from here, sometimes with a carer and sometimes just in the ambulance." One staff member at Orchard House told us, "The MDT [Multi-Disciplinary Team] approach to care means a wide range of people are involved in care planning." There were a range of healthcare professionals based at Orchard House when we visited, including a nurse; physiotherapist and occupational therapist. Each professional completed an assessment on admission and

Requires Improvement

Is the service effective?

created a specific plan for the individual which was then cascaded to care staff. In addition, we saw a GP who attended the service three times per week and the manager told us they were called out when needed.

Orchard House also supported people in transition from this service to their own homes. One person told us, “There is a lot of people here who are sorting me out in order to get home.” Another person said, “I am now aware of the wide network of professionals who can help when I get home.” We observed that there were adaptations to the home such as a sink which can be raised or lowered to suit different needs and a gym with a range of different walking aids and hoists. The manager told us that these adaptations are used to support the person whilst at Orchard House but also to help assess their level of need when discharged to their own home. This provided people with increased opportunities for independence as appropriate adaptations were made to their home before they were discharged.

Good

Is the service caring?

Our findings

People told us they were happy at Orchard House and that staff treated them well. One person told us, “They are very good, I like it here and they treat me as an individual.” Another person said, “The staff are open and approachable.” Peoples’ family members told us that they were really pleased with the care their relatives received at Orchard House. One relative told us, “they look after her well.”

Staff knew people by name and took time to interact with them outside of the scope of the task being performed. People felt listened to and that they were valued by the staff and the service as a whole. We observed staff introduce themselves to people at the start of their shift and saw them use care and compassion throughout our visit. For example, we saw a member of staff spending their time discussing a person’s musical preference with them before finding some CD’s which they might like to listen to. We also saw staff taking time to sit and chat with people throughout the day.

Some people were able to tell us about their care plan. One person said, “I understand what is in the plan; they talk to me and involve me.” Another person told us, “Staff are open to my ideas, we negotiate what’s going to be done.” Relatives told us that they had some involvement in people’s care plans and that they received regular updates on their family member’s progress. We found that each person had a care plan in their flatlet which they could access, however a separate therapy/nursing plan was stored in an office. We saw that people had been involved in planning their own care and setting their own re-enablement goals and were also regularly involved in reviews and updates regarding their care. People could access information in their care plan but could not read the notes and produced by the therapy team. It also meant there was duplication between the two files for each person.

People had the information they needed about the service they received, for example clear individual rehabilitation goals were on display in people’s flatlets and information regarding the service was in their care plan for reference. We also saw that there was information in communal areas detailing different support and community groups which people could contact for help or companionship.

People told us that staff treated them with dignity and respect. One person said, “It’s a nice place and staff really respect us.” Another person told us, “Staff know me, they know I am a bit shy and when I’m in the shower they keep it nice and private.” We observed people speaking to staff with dignity and knocking on people’s doors before entering their flatlet. We also saw staff working on an annual review of dignity within the home.

People told us that they were able to have visitors whenever they wanted and senior staff were available to speak to visitors should they want it. One person said, “My daughter and granddaughter come regularly, they like it here and the staff know who they are”. Relatives told us that there were no restrictions on visiting and that they could make direct calls to their family member in their flatlet. The manager informed us that the front door had a buzzers system which worked like a block of flats, meaning people could buzz their own visitors in when they arrived. There was also a doorbell which staff members respond to. This allowed peoples’ visitors to come and go as they would in the persons own home which promoted independence and helped to meet the services’ and individuals’ re-enablement goals.

Good

Is the service responsive?

Our findings

People told us that they were engaged in and contributed to the planning of their care. One person told us that, "They really focus on me and the plans are about me as an individual." Another person said, "I get up when I want to and make my lunch at any time." Throughout our visit we observed person-centred care and saw that each person was aware that their individual needs were being reviewed and adapted as their progressed on their rehabilitation pathway.

Family members were kept updated on the people's progress. One person told us that they received regular updates by phone and that the service welcomed calls from them on top of this. Relatives told us that staff knew and understood their family member and that the care they provided had led to improvements for people following their admission.

The manager told us that on admission each person received a full assessment from each member of the multi-disciplinary team which contributed to their therapy and care plans. These were then reviewed on a regular basis to update them according the individuals progress. People's records showed that this process was taking place for each individual. Changes in people's needs were identified quickly and their plans could be adapted in response to these changes. Orchard House aimed to promote people's independence to help re-habilitate them back to their own homes. We were informed by the manager that tasks such as laundry, room cleaning, shopping and meal and drink preparation was done by the people living at Orchard House wherever possible. During our visit we observed people going out into the local community but didn't witness people performing their own domestic tasks.

People had activity schedules in their flatlets, detailing what they could choose to do. The service put on regular coffee mornings and fish and chip afternoons which were well received by people and their family members and entertainers were booked to come into the service. One person told us, "We had an Elvis singer at the weekend, that was very good." We observed a wide range of books and games available in communal areas of the building. People's relatives told us that their family members' enjoyed the activities that they attended and that they could also organised their own activities in and out of the service.

People were encouraged to raise concerns with the service, both formally and informally. People knew how to complain but only one had complained previously. One person said, "I would talk it through with the team leader, they sort things out quickly." Another person told us, "Carers take my feedback to the seniors." None of the relatives we spoke to had had to raise a complaint in the past and felt they could speak to somebody whenever they visited. One person told us that if they visited at the weekends it would be difficult to get hold of more senior or qualified staff members to discuss their relatives care. They did tell us that these people would be available over the phone during the week. We observed that each care plan had a feedback form within it for the person to complete on discharge and a comments box was available for people to leave feedback during their stay.

The service kept a record of comments and complaints. We saw evidence that complaints from people using the service and their relatives were taken serious, investigated and a written response was given. The service adjusted its' approach following complaints to reduce the likelihood that a similar situation occurred in the future.

Requires Improvement

Is the service well-led?

Our findings

Records and data management systems were in place, however there wasn't a clear audit or quality assurance process being regularly carried out by the manager. We spoke with the manager about quality assurance systems and they were able to provide us with a recently conducted health and safety audit, however these had not been regularly completed prior to the one we saw. The manager was unable to provide us with all the information we requested about safety systems and quality assurance procedures. We looked at records and found that health and safety checks had not been carried out on a regular basis and there was not a system in place for this to be monitored and rectified by management. For example, the monthly shower head cleaning schedule had not been completed since November 2013.

We found that other quality assurance systems were not carried out appropriately, for example we saw that regular print-outs were produced regarding call-bells and staff response times, however these were placed in a large box, rather than being analysed to identify trends or concerns. We found that several documents, such as the emergency continuity plan, had not been reviewed for a number of years and contained incorrect information. The manager explained planned improvements to us regarding the recording systems which were in place and the ways that the service measured quality.

This was in breach of regulation 10 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service provided person-centred care with a positive and open culture. Staff told us about the culture and vision of the service and that there were clear policies and procedures in place which set out how they were expected to perform their roles and support people to return to a more independent lifestyle. We observed that team leaders and the staff know the people living at Orchard House and their care needs well and found a system in place for passing on information to members of staff regarding changes to care delivery. We could not find a system in place for staff to confirm that they had received, read and implemented any changes which had been passed on.

People did not know who the manager of the service was. One person told us, "I haven't seen the top manager but I see a team leader throughout the day." None of the relatives we spoke to knew who the manager of the home was. They did say that they were able to speak to team leaders who were, "very useful" and that they could always discuss issues with staff. There was not effective and visible leadership at Orchard House, at the time of our inspection the manager had been in post for approximately 4 weeks and was in the process of registering with the CQC. The manager also told us that they had planned to move their office to a more central location within the service to make them more visible and increase their involvement in the service.

People felt there was a positive and open culture at Orchard House. One staff member told us, "I love it here, I have been here a long time" and another said, "I love it here, I really enjoy the caring aspect of my job." Throughout our visit we observed genuine enthusiasm from the staff team and positive interactions between different members of the care team. Staff told us that they would feel comfortable to raise issues or concerns and when they have had to in the past they have been dealt appropriately. We also saw that a satisfaction survey was completed and that relatives experience was sought.

There was a lack of clear leadership and responsibility. The manager told us the service shared its' premises with a sheltered living scheme which meant that the building had two different managers on site, managing their respective service. The manager was unsure of which systems were their responsibility and we found that some checks and systems were duplicated in each service. There was no clear accountability and responsibility for a number of systems for safety and record keeping. There was duplication and errors throughout the records which led to a confused picture of the service. During our visit we raised these concerns with the manager who had taken steps to arrange a meeting with the sheltered living manager to try to resolve these issues and improve the clarity of record keeping.

There was also confusion over when incidents which affected both services should be reported and recorded, for example, a small fire in the other service led to the lateral evacuation of all residents, including those from Orchard House, however the incident was not reported or followed-up by the management.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision **The registered person did not have effective systems designed to enable them to regularly assess and monitor the quality of the services provided in the carrying on of the regulated activities.**