Care Management Group Limited

Little Orchard

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place over two days on 28 February 2017 and 2 March 2017. The inspection was unannounced on the first day.

Little Orchard is located in the village of Hordle, near Lymington. It is run by Care Management Group who provide a number of other similar services. It is registered to provide accommodation and support for up to six adults with a learning disability. Little Orchard supports people with profound and multiple learning disabilities, communication and sensory impairments and complex health needs. At the time of the inspection there were six people living at the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. The registered manager was no longer in day to day charge of the service, however a new manager had been appointed who had worked in the service for a number of years. She was in the process of applying to CQC to register. People spoke very highly of her and she demonstrated she had a good knowledge and understanding of the needs of people living at the service.

Most people had lived at Little Orchard for a number of years and many of the staff team had worked there for a considerable time. This meant people knew each other well and there was a good family atmosphere in the home. People and their relatives were involved in developing the service, for example there was a large project underway to improve the garden area. All people we spoke with demonstrated great commitment to make this happen and the service had involved people living nearby both for fundraising events and to invite them to contribute their skills and knowledge.

People and their relatives were positive about the care and support they received. Staff understood how to meet their individual needs in a person centred way. We observed positive relationships between staff and people living at the home. Staff were kind and caring and respected people's privacy and dignity.

There were sufficient staff deployed to meet people's health care and social needs. Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised. These measures helped to ensure that only suitable staff were employed to support people in their home.

Staff had a good understanding of the signs of abuse and neglect. Staff had clear guidance about what they must do if they suspected abuse was taking place. Individual risk assessments had been completed for people who used the service and covered a wide range of activities and tasks. This helped to protect people from avoidable harm and ensured people were safely cared for.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS)

which applies to care homes. Where people's liberty or freedoms were at risk of being restricted, the proper authorisations were either in place or had been applied for.

New staff received a comprehensive induction which involved learning about the values of the service, the needs of people using the service and key policies and procedures. The induction also introduced staff to the fundamental standards and aimed to ensure that the new staff member had a clear understanding of their role and responsibilities within the organisation.

Staff completed a range of essential training which helped them to provide effective care. More specialised training specific to the needs of people using the service was also provided, for example in the management of epilepsy. This helped to ensure that staff were equipped with the right skills and knowledge to meet people's needs.

People were supported to have enough to eat and drink and their care plans included guidance, which staff followed, about their dietary needs and risks in relation to nutrition and hydration.

People told us they were able to raise any issues or concerns and felt these would be dealt with promptly.

There was an open and transparent culture within the service. Feedback from people, their relatives and staff was encouraged and was used to drive improvements. The manager had a clear vision for the service which focused on the delivery of person centred care. The provider and manager demonstrated a commitment to making the staff team feel valued and appreciated for the care they provided. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving the best possible support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff deployed to meet people's needs.

Staff knew how to recognise and respond to abuse. They had a clear understanding of the procedures in place to protect people from harm.

Assessments were carried out to identify any risks to people using the service which helped to protect them from harm.

Medicines were administered safely by staff that had been trained to do so.

Is the service effective?

Good

The service was effective.

Arrangements were in place to provide new staff with a comprehensive induction. Staff had access to relevant training which helped them to deliver effective care.

Staff had a good understanding of the principles of the Mental Capacity Act 2005. They acted in accordance with people's wishes and choices.

People's nutritional needs were met and people had access to healthcare professionals when this was required.

Is the service caring?

Good

The service was caring.

Staff were kind and caring.

People were treated with dignity and respect and were

encouraged to live as independently as possible.

Is the service responsive?

Good

The service was responsive.

Staff knew people's needs and preferences and this was reflected in their plans of care. This ensured staff delivered responsive care and gave people the right support.

Complaints were managed appropriately.

Is the service well-led?

Good

The service was well led.

The manager, although not yet registered, was experienced and knew people very well. They were very well regarded by staff, relatives and people living at the service.

People's involvement in the service was encouraged and their feedback was used to drive improvements.

There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving the best possible support.

Little 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.

The inspection took place over two days on 28 February 2017 and 2 March 2017. It was completed by one inspector. The first day was unannounced.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is where the registered manager tells us about important issues and events which have happened at the service.

During the inspection we spoke with two people who lived at the service we also observed interactions between staff and residents in communal areas. We spoke with the manager and with four care staff. We spoke with family members of two people who lived at the service and with two visiting healthcare professionals. We reviewed the care records of four people, the records for three staff and other records relating to the management of the service such as audits, incidents, policies and staff rotas.

Good

Is the service safe?

Our findings

We asked a person if they felt safely cared for and they responded by nodding and putting their thumbs up. Other people who could not tell us verbally appeared relaxed and happy in their interactions with staff employed at the home.

Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect. The organisation had appropriate policies and procedures which made explicit links to the Local Authorities multi-agency safeguarding procedures. This ensured staff had clear guidance about what they must do if they suspected abuse was taking place. Staff had a positive attitude to reporting concerns and to taking action to ensure people's safety. They said if a person was at risk they would report it straight away to the manager and to social services. Although we had not received any notifications from this service, staff understood the requirement to also inform CQC without delay of any alleged abuse.

Staff told us they were aware of the whistle-blowing procedures and were clear they could raise any concerns with the manager of the home, but were also aware of other organisations with which they could share concerns about poor practice or abuse.

There were a range of systems and processes in place to identify and manage environmental risks. For example, checks were regularly being undertaken of the fire and water safety within the service. There were arrangements in place for foreseeable emergencies for example each person had a Personal Emergency Evacuation Plan (PEEP). A PEEP is a bespoke 'escape plan' for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency.

Each person had a range of assessments which addressed the persons individual risk to aspects of their health or care. These had been had been evaluated regularly to ensure they remained accurate.. For example, moving and handling risk assessments were in place. These were detailed and provided staff with clear guidance about how to support people safely and effectively.

There were procedures in place to ensure the safe handling and storage of medicines. People' medicines were stored securely. Staff received training in the safe management of medicines and did not administer them until they had been deemed competent to do so. Staff were aware of any side effects of people's prescribed medications and records were kept of any allergies people had. Staff recorded medicines administered on Medicine Administration records (MAR). The MAR viewed had been completed accurately which indicated people were receiving their medicines as prescribed. There was detailed guidance for when people may need emergency medicines for example for the management of epilepsy.

There were sufficient numbers of staff deployed to meet people's care and support needs.There were a minimum of three staff employed between 8am and 10am, four staff between 10am and 4pm so that people could be supported to go out and three staff from 4-8pm. There was a waking and a sleeping in night staff each night. Staff rotas showed these levels were maintained consistently. When any shortfall occurred bank or regular agency staff were employed. This ensured people were supported by staff who knew them

and who understood their needs.

Relatives told us there were sufficient staff to meet their needs and we observed that staff responded promptly when they needed assistance.

Support staff were responsible for cleaning and cooking but ensured where people had expressed an interest they were included in these tasks. We observed one person helping to prepare lunch and a different person was involved in making cakes. They both clearly enjoyed this participation.

Appropriate recruitment checks took place before staff started working at the home. Records showed staff completed an application form and had a formal interview as part of their recruitment. The manager had obtained references from previous employers and checked with the Disclosure and Barring Service (DBS) to ensure the staff member had not previously been barred from working in adult social care settings or had a criminal record which made them unsuitable for the post. This helped to ensure only staff appropriate for their role and responsibilities were recruited.

Good

Is the service effective?

Our findings

People spoke highly of staff, a relative for example described "a really good team who keep our little home together." Staff told us they felt well supported by the manager and their colleagues. One said for example "we are a happy lot". A number of staff had worked at Little Orchard for a considerable time. People were supported by staff that had been trained and checked to be competent in their role. This included training in key health and safety areas, including emergency first aid at work. Records confirmed that new staff had received an initial induction to the service to help them to understand their role and responsibilities.

Staff were provided with specific training to meet people's particular needs, for example one person had a sensory impairment. Some staff knew and used basic sign language to communicate with them. The manager had requested further staff to attend training in sign language. We observed the person communicating their needs and wishes well with staff using this method of communication. Permanent and regular bank staff were also trained in supporting people with their health care needs such as in managing epilepsy Staff received regular supervision and annual appraisals. This provided staff with the opportunity to discuss any work issues and request training if necessary.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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 were supported to make their own decisions where they were able to and staff explained how they showed people options to help them be involved in their day to day lives and care. We observed staff providing people with simple choices, for example, what they wanted to eat and drink and where they wanted to spend their time within the home.

We checked whether any conditions on authorisations to deprive a person of their liberty were being met. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The authorisation procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been correctly made and the staff team were awaiting authorisations.

People were supported to eat healthy food and were encouraged to drink regularly. People who could eat independently were encouraged to do so and those who needed support on a one to one basis received this from staff at a pace that suited the person. Staff ensured people had the correct cutlery to eat independently and presented food in line with people's requirements such as when it needed to be cut into small pieces or to be in a smoother consistency. One person was fed by means of a PEG. A PEG is used in people who are unable to swallow or eat enough and need long term artificial feeding. Staff said they were confident and had been trained appropriately to deliver this support and records showed training in this was being provided.

Staff were considerate about how people would best enjoy their meals. This meant for one person they might need their food reheated as they took a while to eat it or it should be separated by using two small plates so the food eaten was still hot. We observed this happening.

People's health needs were met and the service engaged with health professionals to do this effectively. There were detailed records kept and staff said they were confident to support people with specific healthcare needs because they had received appropriate training and were provided with clear guidance as part of the care planning process. We saw very detailed guidance for staff about when they should administer emergency medicines to one person and what other action they needed to take to maintain their health. This helped to ensure staff supported people to maintain optimum health.

People were registered with the GP and appointments were made for them as needed. Staff asked for support appropriately when they felt they would benefit from more advice and guidance for example a physiotherapist visited regularly to help people exercise to stop their limbs from becoming stiff. Staff had been trained to assist people with these exercises and this information was included in people's care plans.

Good

Is the service caring?

Our findings

We observed positive interactions between staff and people who lived at the service. Relatives were also positive about the caring nature of the staff team. One said "We feel really confident he will be well cared for when we go away. .(when he has been away) staff always give him a warm welcome when we bring him back and he always has a big smile on his face". Staff described their colleagues as kind and caring.

Staff interacted with people in a kind and compassionate manner. We saw a considerable number of warm and friendly exchanges between staff and people. Staff were quick to respond to people if they appeared distressed or unhappy.

The manager was committed to providing a strong person centred culture. They explained that recruiting and retaining a caring staff team was key to this. People's values were explored during the interview process, prospective staff were asked about how people should be respected and how they would involve people in choices about their care and support. Only staff providing satisfactory responses to these questions were employed.

Staff had a good understanding of people's individual needs. They were able to give us examples of people's likes and dislikes which demonstrated that they knew them well. We were given examples of the types of food people liked to eat and what activities they enjoyed, what made them happy and what helped them to settle if they were anxious. This information was also reflected in people's care plans which were person centred. Care plans provided information about peoples preferred routines in great detail for example one said "I don't like to spend too long in the bath" It also described products people preferred to use for example makes of bubble baths and shampoos they liked. This showed peoples preferences and choices were being respected. People's preferences were observed for example staff ensured they knew whether people preferred support from a male or female care worker. Staff said this was observed by ensuring there was always at least one female member of staff on duty. If this was not the case for example if the female worker was on holiday or ill, they would ensure the agency staff covering was female This helped to ensure received personal care in the way they were most comfortable.

Relatives also felt involved and told us they could visit at any time and share in their loved ones care. They told us they were always made welcome. The service organised a family get together before Christmas each year. They played a video which showed key events over the previous twelve months and how people in the service had marked special occasions. Relatives said how much they enjoyed watching these.

People were encouraged to remain as independent as possible. For example one person was given an adapted spoon which they could use themselves once the staff had filled it with food Care plans included information about which footwear people needed to make them as mobile as possible and we saw this guidance was being followed.

People received dignified care One persons care plan said "Use my name when you are supporting me with personal care and tell me what you are doing." When we asked staff to describe how they provided personal

care to people their description was consistent with these directions. Staff were careful to ensure people's doors were closed when providing personal care; they knocked on people's doors before entering and addressed them by their chosen name.

Good

Is the service responsive?

Our findings

Relatives were involved in the review of their family members care needs and were also involved in developing the service, for example a number of people and their relatives were involved in the garden project which was transforming the outside space. The aim of the project was to create a sensory, social and therapeutic space for residents through gardening. The garden had changed dramatically within a year and further plans were in place to make it even more accessible and fun for people who lived there. For example they were going to make raised beds and add sensory adaptations such as water features.

Most people had lived at the service for a number of years and so the compatibility of any person coming to live at the service was considered very carefully to ensure the service could meet both their needs and the needs of existing residents. There was a gradual process of meetings and visits before any new person moved in to ensure a smooth transition. This helped to ensure they received a responsive service which was appropriate to meet their needs.

Most people in the service had very limited or no verbal communication. Staff were all very clear what methods people used to express their feelings, for example how they would let staff know if they were in pain. They demonstrated a good understanding of what people were telling them. for example one person turned to the right or the left which meant 'yes' or 'no' and we observed staff having a conversation with them to check their needs and preferences. People who lived at the service were included in some training regarding communication methods. Staff explained they had had learned some sign language from a person who used this as the person could sign could also read simple words. The manager said "some of the words I learnt came from (person's name)."

Care plans were very detailed in describing often in pictorial form how staff should support people in a way which was appropriate to their needs. For example there was very detailed pictorial guidance for staff about how to support one person to move by using a hoist. This step by step procedure was clearly portrayed and helped to ensure staff understood the technique and performed it in a consistent way.

Care plans were up to date and reviewed regularly with the person and their family. Care plans were reviewed sooner if people needed it so staff could support people correctly.

Staff assisted with people's personal care in a thoughtful and sensitive way. Staff described how one person did not enjoy receiving support with their personal care but staff had realised that if they sang along to music which the person loved, while they were assisting the person, they were much happier and so this had become part of the daily routine. The manager said "Even staff who are shy do it – you can hear them singing through the door."

People had hospital passports which included information about how they preferred to be cared for and their interests and wishes.This helped to ensure people who could not necessarily tell staff how they wanted to be cared for received care and support in a consistent way when they moved between services.

People engaged in a number of activities they enjoyed for example one person went swimming twice a week which they loved, others enjoyed watching TV and going out for a walk with staff to the local shops.
The service worked to enhance their community presence for example they held a coffee morning to raise funds for the improvement to the garden.Some attended local day centres and clubs such as gateway or deaf club. The organisation had just started a community friendship group which gave people living in other local CMG homes the opportunity to meet up and spend time with each other.

Complaints policies and procedures were in place and information about the complaints policy was available in the service's welcome pack. Relatives told us they were confident they could raise concerns or complaints and that these would be dealt with. Records showed that when issues or complaints had been raised, these were investigated and appropriate actions taken to ensure similar complaints did not occur again.

Good

Is the service well-led?

Our findings

The manager had been appointed and was undergoing the process of applying to the Care Quality Commission to be the registered manager. Staff told us they felt valued by the manager and we observed the manager led by example, taking time to support less experienced staff and spending a lot of time having meaningful and caring interactions with people who lived at the service. Relatives gave positive about the manager. One said for example "She is full of life. She makes it a happy home and all the staff are very respectful to her."

There was an open and transparent culture within the service and the engagement and involvement of people, their relatives and staff was encouraged and their feedback was used to drive improvements. For example, regular discussions were held with staff . Staff were encouraged to contribute their ideas for developments to help make the care provided as good as it could be and to help to ensure it reflected people's changing needs.

The organisation had an awards scheme to recognise staff for the quality of their work. Care Management Group (CMG) ran a competition called CMG in bloom and Little Orchard had won first place. They had done this with the help of people who lived at the service, their relatives and local volunteers. This all helped to ensure that people were supported by motivated team of staff and involved others who all wanted to provide a good service which provided a good quality of life for the people who lived there.

There were good systems in place to check and improve quality and safety . A range of internal audits were undertaken to monitor the effectiveness of all aspects of the service including care documentation, and medicines management. This helped to identify where the service was doing well and the areas it could improve on. Another very detailed monitoring of the quality of the service was undertaken by a quality manager who worked for the organisation. This monitoring looked at the key lines of enquiry , assessing whether the service was safe, effective, caring, responsive and well led. The most recent assessment took place in January 2017 and rated the service as good in all areas. This helped to ensure that the service was meeting the regulations and fundamental standards of care. Where improvements had been identified, action plans had been drawn up with clear timescales for completion. For example, all staff who had not attended epilepsy training needed to complete this by the end of February 2017 and records showed further training had been provided.

There was a service delivery plan 2016-2017 which reviewed what the service did well and how they could be even better. This helped to ensure staff had a good grounding on what they had achieved and what the aims were to develop the service further in the next twelve months.

The home had clear vision and values. These were "To continue to ensure a safe, homely and welcoming environment: To ensure the people we support are all able to reach their full potential making the most of every moment: To ensure people we support become as much a part of the local community as they are able." Staff were clearly committed to working in accordance with these vision and values.