

Mrs Gemma Collins

The Old Orchard

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

The Old Orchard is a residential care home providing personal care and support for up to six people. At the time of the inspection, six people were using the service. The service primarily supports people with a learning disability/ and or autism diagnosis.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People's experience of using this service and what we found

Staff were innovative in meeting people's communication needs. Due to the hard work of staff, and the use of innovative tools; people's communication had improved. This had resulted in people being more engaged with decisions about their care and becoming more independent. People were supported to be active members of the community and engage in activities that were important to them. The service had used communication aids and multi-professional involvement to assess people's end of life wishes. This meant their needs and preferences would be met in the event of an unexpected death.

Staff were empowered to come up with suggestions. This had resulted in innovative care provision, which positively impacted on people. People were empowered to make complaints, and any concerns were responded to fully. The service was exceptionally well led, with the registered manager and provider completing comprehensive audits and employing external professionals to also audit the service. The robust level of governance meant the service provided was of a high quality.

The service was safe. High quality staff training had resulted in incidents reducing. Where incidents did occur, these were recorded and learnt from. Care plans were of a good quality to guide safe and effective care. Medicines were managed safely. The service was clean, and staff followed safe infection control practices. There were enough staff at the service.

People were supported to eat and drink what they wanted. If people were at risk of choking from food, specialised guidance had been created with professional involvement. The building was adapted to meet people's needs. Staff worked with different health and social care professionals to ensure people's needs were met.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff were caring and driven to provide good outcomes for people. People were involved as partners of their care. People lived as independently as possible, with dignity and privacy.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

The Old Orchard

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector

Service and service type

The Old Orchard is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

The provider is legally required to notify us of significant events that have occurred at the service. We reviewed this information that the provider had sent. We also asked the Local Authority for feedback on the service. We considered information that had been sent to us by members of the public since the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service. Due to people's communication needs their feedback about aspects of the service was limited in parts. We used observation to help us understand people's experience of the care and support they received. After visiting the care home, we phoned people's relatives to gather their feedback on the service.

We spoke with three members of care staff and the registered manager. We reviewed a range of records. This included the relevant parts of three people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We read positive feedback from two professionals.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had good knowledge of how to spot the signs of abuse. A staff member said "I would raise it with our manager and if they didn't listen then I would go to whistleblowing. But I haven't had any concerns."
- Policies were in place to guide staff on how to respond to abuse.
- Relatives told us they felt the service was safe.

Assessing risk, safety monitoring and management

- People's needs had been clearly assessed and documented. These care plans provided guidance, so staff could support them safely. Staff knew people's needs well.
- People's needs were regularly reviewed, to ensure that staff guidance was up to date.
- Some people displayed behaviours that could be considered challenging. Staff had received training to respond to these safely. Records showed that restraint was rarely used at the service. If it had been used, it followed training principles to keep people safe. The use of restraint was reviewed by the registered manager to ensure that it had been used safely.

Staffing and recruitment

- There were a suitable amount of staff at the service. Those people who required a staff member at all times had this arranged for their safety
- Records showed that staff were safely recruited. For example, references had been gathered from previous employers to ensure staff were of good character.
- Staff explained that after recruitment, they received a comprehensive induction. They reported that this was good quality and prepared them to complete their role safely

Using medicines safely

- Medicines were stored safely, in a locked cabinet and at a safe temperature.
- Medicine records were kept up to date and staff safely recorded when medicine was given.
- If a staff member had forgotten to record giving someone their medicine, this was followed up and investigated promptly. Staff were confident in how to react if a medicine error ever occurred.

Preventing and controlling infection

- The service was clean and odour free.
- Staff explained that refurbishments and deep cleans occur when people are away from the service to minimise impact on them.

- Staff told us that they had access to enough cleaning and protective equipment (for example, gloves).

Learning lessons when things go wrong

- There was a clear process of recording incidents that occurred at the service. Records showed that incidents had reduced at the service since the last inspection. The registered manager felt this was due to the effective behavioural support training provided to staff.
- Where incidents had occurred, these had been reviewed carefully and actions taken to prevent re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were clearly assessed in line with current guidance. For example, people's oral health care needs were clearly assessed. This helped people maintain a good standard of oral hygiene.
- Staff had excellent knowledge of the standards and law that governed their work. Staff were dedicated to providing an effective service.

Staff support: induction, training, skills and experience

- Records showed us that staff had received training to meet people's needs. Staff told us that this training was good quality
- We observed that staff had good skills and followed their training to meet people's needs in an effective way
- Staff received regular supervision. This is a chance to discuss with the registered manager about their work. Staff reported this supervision to be good quality.

Supporting people to eat and drink enough to maintain a balanced diet

- Communication aids were used to ensure that people could choose what they ate and drank.
- Records were kept of people's dietary intake to ensure they received enough food and drink.
- A relative explained that the food was good quality and they had eaten the food with the person regularly.
- Some people at the service were at risk of choking. There was clear guidance for staff to follow, which had been developed with professional advice.

Adapting service, design, decoration to meet people's needs

- The service met the principles of 'registering the right support'. It did not appear to be a residential care home when viewed from the street. This meant people were more integrated into the community.
- The service was in a large house that had ample room for people to walk around and have privacy. This large space also considered the space required for multiple staff members.
- People's rooms were decorated according to their favourite things. One person's chest of drawers was labelled with pictures of clothes, this supported them to independently select their choice of clothing.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed us that staff worked collaboratively with other professionals to provide effective care.

Where professional advice was given, this was followed appropriately.

- Staff had good knowledge of people's health needs and what support was available to them
- Although people's communication was limited, staff recognised non-verbal signs of being in pain. Records showed us that one person had been admitted to hospital, after staff had recognised their non-verbal signs.
- A speech and language therapist regularly attended the service. This involvement had helped the service to develop communication techniques with people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Some people at the service were restricted by DoLS. The service had clear records of this and were quick to update the Local Authority if people's restrictions changed.
- Capacity assessments assessed people's ability to make their own decisions. These were completed to a high quality. Where people required decisions to be made in their best interest, these were decided in combination with family and relevant professionals in the least restrictive way.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We used a communication aid to speak to a person about the staff. They used a 'thumbs up' sign to display approval of all aspects of The Old Orchard and the staff.
- We observed people playing games with staff. People's non-verbal responses to staff suggested that they had developed good relationships.
- Staff spoke in a kind way towards and about people. There was a strong focus on giving people a good quality of life
- People's diverse needs were understood and respected. People's personal communication needs were well understood by staff, and staff worked hard to engage with people.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making daily decisions. Staff spent extensive time communicating with people in order to get their views.
- People were involved with regular reviews about their care. Their relatives were invited to support these reviews where needed
- Staff encouraged people to be as independent as possible and referred to a sense of pride when people had become more independent.

Respecting and promoting people's privacy, dignity and independence

- People were free to move around the service. If they wanted time alone in their room, this was supported. One person liked time alone every morning after a shower. Staff were aware of this and supported this preference.
- People's independence was strongly promoted at the service. All care plan guidance requested that staff should support people in the least restrictive way.
- People were treated with dignity at the service. Staff took time to support people. One person took about an hour until they agreed to take their medicine. Staff explained that they combined medicine with other things that the person enjoyed, and this encouraged the person's acceptance of medicine.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had taken innovative steps to meet people's information and communication needs. Each person had bespoke care plans and communication aids.
- Staff had excellent knowledge of people's diverse communication and continued to work hard to improve it. A staff member said, "Before you can do anything else you need to help people to communicate. How can it be person centred if people aren't helped to communicate?"
- Both relatives we spoke with felt that people's communication had improved due to the dedication of the staff at the service.
- One person enjoyed a certain food and staff had used this to promote their ability to say 'yes'. With prolonged support the person was now able to say 'yes' to multiple answers. This had allowed the person to provide consent to their daily routines.
- Another person's communication was limited with a standard communication picture board; however, the innovative use of texture had engaged the person to communicate. Staff explained that the change to this communication board meant the person could now make food choices, which they had not been able to do before.
- The provider had an innovative approach to using technology. Each person had an electronic device to help them communicate. All devices were set up to meet people's individual needs. One person did not like to share their device, but staff had worked hard to develop trust. The person now used the device to take photos of their day, at the end of the day they would share the photos with staff. Staff would then use communication tools to reflect on these photos with the person. The registered manager explained that this communication had allowed staff to get a better understanding of the persons interests and preferred routines.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider recognised people as individuals and provided personal care to meet their needs. There was a strong ethos of meeting people's needs in a personalised way.
- One person would not engage with a dentist, the provider borrowed dental equipment and after careful desensitisation the person received dental treatment. Another person was fearful of doctors, however the purchase of a blood pressure machine and staff dressing up in medical uniforms meant the person could

now engage with medical support

- Staff had used research to create bespoke toileting records. The careful documentation of people's needs, meant staff could alter their approach to support people to be independent. People's needs had reduced and two people who previously experienced life-long incontinence, now independently used the bathroom. This had also had a positive impact on their skin integrity.
- There was a rapid response to people's changing care needs. One person would express pain in non-verbal ways, staff promptly recognised subtle signs and advocated for hospital admission. The quick response of staff meant the person received treatment for a serious health condition.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We saw there were a wide variety of activities at the service. People's non-verbal signs showed they enjoyed these activities offered.
- A relative explained "The people often want to play with younger age toys. So, they do that with them. But they also encourage [person] to go shopping like everyone else their age does."
- Staff worked hard so people could live as full a life as possible. Their extensive work and support meant people could now engage in everyday routines which they had not been able to do before (like shopping and going to the pub.)
- A staff member said "[Person] is anxious in the community. We have worked on their anxiety to help them manage better. We have just walked round a supermarket with their own trolley. That never would have happened. I nearly cried, [person] couldn't even get through the door before. I was so proud. It's so huge for [person]."
- People's diverse needs were recognised and supported. One person would not eat a certain food due to their culture, the service ensured that other people were not served this food near the person. Staff and people came from diverse backgrounds which was encouraged at the service

Improving care quality in response to complaints or concerns

- Formal complaints had been investigated thoroughly as per the complaints policy
- Relatives told us that the staff and registered manager were very perceptive and responsive to any concerns. A relative said, "The manager listens if I have concerns. I'm not good at communication but they always understand what I want to say. Then they'll keep me up to date on what they have done about it."
- People's feelings about their day were assessed with communication aids at the end of the day. This allowed potential complaints to be recognised.
- People using the service had access to accessible complaints policy in their rooms.

End of life care and support

- No one at the service was at the end of their life. The service has proactively considered preferences around unexpected sudden deaths.
- These end of life care plans were very comprehensive and took into account people's communication, mental capacity and language skills. People's relatives had begun the discussion with them then multi-professional meetings had occurred to create a personalised end of life care plan. This would allow unexpected to deaths to be supported in a responsive way.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The vision and values of staff had people at the heart of the service. Innovative processes and a dedicated staff team supported people to gain new skills. A relative said, "[Staff member] is always coming up with good ideas. Ways to stimulate [Person]. Their communication has improved with their help."
- Staff described a positive culture where the registered manager encouraged them to come up with new ideas. Staff were strongly collaborative and proud of the care they provided. Relatives had been involved with the development of these ideas.
- Both relatives we spoke with reported that people had used services since childhood, but after moving to The Old Orchard had made large improvements in independence due to the dedication of staff.
- A relative said, "I don't think they could do any better. I can't believe my luck that we found somewhere so good for [person]"

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives advised they had not made formal complaints, but felt able to raise low level concerns. A relative said, "I think the manager is very caring. I can always contact her and she always replies and gives me reassurance."
- One complaint had been recorded since the last inspection. The provider had thoroughly investigated this and ensured the service was safe. There was a complaints policy in place.
- People had access to a complaints policy written in a way they could understand. Staff regularly asked people about their day and feelings, so they could work out if the person would like to complain.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and encouraged to develop. For example, staff had excellent knowledge of the Mental Capacity Act and best practice. All staff were skilled at completing comprehensive capacity assessments. Staff described the positive impact this assessment process and training had on their skills.
- Current standards and regulatory requirements were well understood and met. The registered manager explained that staff were skilled enough to keep a high-quality service if she took sudden absence.
- Governance was well embedded into the service. The service had significantly improved since our last inspection due to the quality of oversight. The registered manager and provider saw this as a key responsibility and completed thorough audits of the quality of the service. They also employed external

professionals to audit the service.

Continuous learning and improving care

- The registered manager kept up to date with upcoming changes in legislation. For example, the government are currently reviewing the way Deprivation of Liberty safeguards (DoLs) are managed. The registered manager felt her enrolment in a social work degree would allow her to keep up to date with these changes and instil best practice for DoLs.
- The registered manager strove to improve the quality of care by consultation. They completed workshops to support other providers to improve their skills. They also attended schools to speak to pupils about a career in social care. They were driven to improve the quality of care services both within The Old Orchard and with external providers.
- Staff and the registered manager had a strong focus on the use of research to improve care. For example, the use of research had resulted in bespoke toileting records and an improvement in two people's toileting independence.
- Staff we spoke with each had folders of ways they have improved and want to improve the service. Staff reported feeling empowered to make suggestions

Working in partnership with others

- We observed written feedback from two health and social care professionals. Both praised the staff's commitment and the high quality organisation in the service.
- An external professional had nominated staff for a National Award.
- Speech and Language therapy regularly visited the service, and the combination of their advice and staff's own research had resulted in positive outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a strong ethos of encouraging communication at the service. This resulted in people being able to make choices. People were involved in meetings and encouraged to engage. Extensive work had been completed to ensure that the planned meals were meeting everyone's individual preferences.
- Staff recognised people's diverse needs and equality characteristics. Staff worked hard to meet these needs. The provider had an equality policy which promoted engagement of a variety of people and staff.