The Regard Partnership Limited

Orchard View

Inspection report

Orchard View
1, Parsonage Lane
Rochester
Kent
ME2 4HP

Tel: 01634725363
Website: www.regard.co.uk

Date of inspection visit:
23 February 2017

Date of publication:
10 April 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

The inspection took place on 23 February 2017 and it was unannounced, which meant that the provider did not know that we were coming.

Orchard View is a small residential home in Rochester that supports adults with learning disabilities to become as independent as possible. At the time of our visit, there were eight people who lived in the home. Some people required one to one staff support while others needed additional support to meet their needs, particularly in the areas of behaviour that could challenge the service. The people who lived at Orchard View had diverse and complex needs such as learning disabilities, autism, downs syndrome and limited verbal communication abilities.

At the last Care Quality commission (CQC) inspection on 5 March 2015, the service was rated Good in all domains and overall.

At this inspection we found the service remained Good.

There was a registered manager at the home. 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.

The provider continued to have systems in place to safeguard people from harm and abuse and make sure that safeguarding alerts were raised with other agencies, such as the local authority safeguarding team, in a timely manner. Staff knew how to report any concerns related to abuse.

The staff had risk assessments in place to identify risks when meeting people's needs. The risk assessments showed ways that these risks could be reduced.

There continued to be sufficient numbers of qualified, skilled and experienced staff to meet people's needs. Staff were not hurried or rushed and when people requested care or support, this was delivered quickly. The provider operated safe recruitment procedures.

Medicines were stored and administered safely. Clear and accurate medicines records were maintained.

Staff knew each person well and had a good knowledge of the needs of people. Training records showed that staff had completed training in a range of areas that reflected their job role and enabled them to deliver care and support as appropriate.

Staff received Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) training to make sure they knew how to protect people's rights. The registered manager made decisions by liaising with

social workers, health professionals, relatives and advocates.

The registered manager continued to make Deprivation of Liberty Safeguards (DOLs) applications to local authorities as appropriate.

People said the food was good. The menu offered variety and choice. It provided people with a well-balanced diet that met their needs and preferences. People had choices of hot foods each day. People's independent skills were promoted in food preparation.

People and their relatives told us that they were involved in their care planning, and that staff supported people with health care appointments and visits from health care professionals. Care plans were amended immediately to show any changes, and care plans were routinely reviewed when necessary to check they were up to date.

People told us that staff were caring. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed. Staff had suitable training and experience to meet people's assessed needs; staff encouraged people to make their own choices and promoted their independence.

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. Assessments were reviewed with the person and their relatives.

People were encouraged to take part in activities and leisure pursuits of their choice, and to go out as they wished.

People knew how to make a complaint if they were unhappy. There was a complaint process guide for people on the notice board. This enabled people to know how to complain in a format they could understand

People spoke positively about the way the home was run. The provider had a clear set of values, which we observed that both the registered manager and staff followed. The registered manager and staff understood their respective roles and responsibilities.

The provider continued to have systems to monitor and review the quality of service they provided. Prompt action was taken to improve the home and put right any shortfalls they had found. Information from the analysis of accidents and incidents was used to identify changes and improvements to minimise the risk of them happening again.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Orchard View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, which took place because we carry our comprehensive inspection of services rated Good at least once every two years. This inspection took place on 23 February 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place in the home, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during the inspection.

We spoke with three people who used the service and spent time observing people about how care was delivered. We spoke with the registered manager, the deputy manager, and two staff. We also requested information via email from three health and social care professionals involved with the service.

We looked at the provider's records. These included two people's care records, which included care plans, health records, risk assessments and daily care records. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures. We also looked around the care home and the outside spaces available to people.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, "I feel very safe here, I like it here". One health and social care professional commented that the service was safe, and that staff always checked their identity and asked them to sign in on arrival at the home.

The provider continued to take reasonable steps to protect people from abuse. There were systems in place to make sure that safeguarding alerts were raised with other agencies, such as the local authority safeguarding team, in a timely manner. Staff told us that they would tell the registered manager of any safeguarding issues. The registered manager would then alert the local authority safeguarding team and the Care Quality Commission. Staff training records showed that all staff had completed safeguarding adults training.

Staff told us that they had undertaken training in safeguarding people from abuse. They described their training and the various types of abuse to look out for to make sure people were protected. Staff were also aware of the whistle blowing policy. Safeguarding and whistleblowing policies and procedures contained the latest guidance and staff knew where to find these if they needed further guidance.

Each person's care plan contained individual risk assessments in which risks to their safety were identified such as diabetes and challenging behaviour. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments. Staff were aware of and used action plans contained in care plans to minimise the risk of incidents as a result of behaviours that were challenging. Where people's needs changed, the registered manager and staff had updated risk assessments and changed how they supported people to make sure they were protected from harm.

The registered manager had a system of reviewing staffing levels, which was developed by the registered manager and focused on the needs of people. There were enough staff employed at the service to make sure people were safe. The registered manager told us that there was a minimum of four staff per shift, increasing to five per shift when additional staffing were required. Our observations confirmed there were enough staff with the appropriate qualifications, skills and experience to provide care which ensured people's safety and wellbeing. The roster also confirmed the number of staff on each shift. Staff told us there were always enough staff to provide the support people needed. Staff had time to sit and chat with people and did not rush anyone when they were providing support.

The provider operated safe recruitment procedures. Staff files included completed application forms, which detailed staff members' educational and work histories. Staff told us that they had been interviewed as part of the recruitment process and interview records confirmed this. There was a system in place to make sure staff were not able to work for the service until the necessary checks had been received to confirm that they were safe to work with people. Each file contained evidence of satisfactory pre-employment checks such as disclosure and barring service (DBS) check, the right to work in the UK documentation and references. Staff files contained copies of their passports and information about their qualifications.

Records showed that medicines were received, stored, disposed of, and administered safely. There was lockable storage available for stocks of internal and external medicines. People's individual medicine administration records for prescribed medicines were completed accurately. Medicines were stored securely. Records of medicines received were maintained. This meant that medicines were available to administer to people as prescribed by their doctor. All staff were trained to administer medication and they did so in a safe way, making sure people had taken their medicine before they moved on to the next person. The home used a monitored
dosage system with names, medicine details and details of each person with their picture. This ensured that medicines were handled and given to people safely.

One health and social care professional commented, 'The environment is spacious and free from hazards'.

Good

Is the service effective?

Our findings

People told us they were happy with the way they were cared for and supported. They said, "The staff are good". Another person said, "I am looked after well by the staff". One health and social care professional commented that 'Since my client has been at Orchard View, they have settled very well with all the staff. Staff have taken time to get to know the person's needs well, in order to gain trust which resulted in their health and well-being remaining at a satisfactory and stable condition'.

The provider promoted good practice by developing the knowledge and skills staff required to meet people's needs. The staff training plan showed that all staff had been trained in key areas which were required to meet people's needs. All staff completed training relevant to their work as part of their probationary period. These skills were built upon with further experience gained from working in the home, and through further training. Staff told us that their training had been planned with the registered manager. Staff had received autism spectrum disorder, challenging behaviour and physical intervention training as it had been identified as required by the registered manager in meeting people's needs in the home. Our observation showed that staff used the training in supporting people effectively.

There was an induction training programme for all new staff. This included shadowing an experienced worker until the new member of staff was deemed competent. Most staff had completed National Vocational Qualification levels in health and social care. National Vocational Qualifications (NVQs) are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove that they have the ability (competence) to carry out their job to the required standard. New staff inductions for people who did not have an NVQ followed nationally recognised standards in social care. For example, the new care certificate. The training and induction provided to staff ensured that they were able to deliver care and support to people appropriately.

Staff told us they felt well supported and received opportunities to meet with their line manager to discuss their work and performance. Records showed that staff one to one supervisions happened regularly. Staff had either received their annual appraisal or it had been planned by the registered manager.

All staff had been trained on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The registered manager said, "MCA and DoLS cover everyone. We must assume capacity, right to make decision and use of less restrictive way of working". We found that if a person had capacity to make decisions, they had been involved in the planning and delivery of their care. If not, a family member had been involved in making decisions on their relative's behalf. The registered manager confirmed that the home made decisions by liaising with social workers, health professionals, relatives and advocates. This meant that people's rights were considered and the registered manager understood their responsibilities in relation to this. The registered manager had received DoLS authorisations from the local authorities when needed.

Consent was sought from people about a range of issues that affected them, for example, consenting to

their personal care being provided by staff. Where others were acting in someone's best interest to make decisions on their behalf, such as people with power of attorney, this was identified in their care file. Care plans contained guidance for staff about the choices and decisions people had made in relation to their support. Where people had been assessed as not having the capacity to make these decisions they had only been taken after a best interest meeting and signed for by their relative or representative.

People had enough to eat and drink. Drinks were readily available throughout the day and people were offered a choice of hot and cold drinks at regular intervals. Drinks were made with the person as a key participant. Meals were home cooked, freshly prepared and well presented. We observed that people were supported to make their own decisions and choices in their day to day life. One member of staff said, "There are always discussions about food, and people get plenty of choice". People could choose whether to eat their meals in the communal dining room or in the privacy of their bedrooms.

Staff adapted the way they approached and talked with people in accordance with their individual personalities and needs. For example, when helping a person who had a behaviour that challenges, staff gave the person constant encouragement.

People or their representatives were involved in discussions about their health care. Records confirmed that there were systems in place to monitor people's health care needs, and to make referrals within a suitable time frame. The registered manager and staff involved relatives in the healthcare of the people. Records were up to date and contained suitably detailed information. Staff implemented the recommendations made by health professionals to promote people's health and wellbeing.

Good

Is the service caring?

Our findings

We observed that staff respected people's privacy and dignity. One health and social care professional commented, 'My client is very happy, and has been for the past three to four years due to care from staff'.

Throughout our visit, we observed staff knocked on people's doors before entering, spoke with people in a caring and positive way, gave them choices and listened to their responses. Orchard View offered a warm family atmosphere and environment and a personalised service.

People's privacy and dignity were respected by staff. People were assisted discreetly with personal care. Staff supported people to stay in the privacy of their bedroom should they wish. In the morning, people who were already up had their bedroom doors open, whilst those still in bed had their bedroom doors closed based on their preferences in their care plan. There was a separate smaller lounge which was used for meetings and as a place where people could meet with relatives in private.

People told us they were always treated with kindness and understanding. They said, "Staff are very kind". Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed. Staff supported people's different needs. Staff interactions with people were positive, which encouraged people to be active. People were comfortable and relaxed when speaking with staff. Staff were kind and caring in their attitude.

Support was individual for each person. People were able to make day to day choices about their care, such as the food they wanted to eat or the clothes they wanted to wear. People were able to choose where they spent their time including in their rooms, in the communal areas such as the lounge or dining room and if and when they wanted to go out.

Each person continued to have a named member of staff as their key worker. A keyworker is someone who co-ordinates all aspects of a person's care at the service. People knew their key worker and told us that they meet with their key worker every month. The key worker meeting with people was used to facilitate one to one meetings with people. This promoted their ability to make independent choices about their lives. Staff told us that handovers between staff when they came on and off a shift were useful. Staff discussed how each person had been when they handed over to the next shift, highlighting any changes or concerns which enabled them to offer consistent care.

People's bedrooms were personalised with their own belongings, such as books, ornaments, photographs and pictures. The communal areas of dining room and lounge were comfortably furnished. Care plans showed that people and their relatives had been consulted and involved in planning how they wanted their rooms decorated.

Visitors were welcomed to the home. Staff told us that relatives could visit without restriction and records showed that families and relatives did visit.

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. They said they had no complaints about the service. One health and social care professional commented, 'The service is very responsive, I receive monthly reports from management, if I have any queries regarding these they are looked into and addressed instantly, as is any correspondence to management'.

The registered manager and staff gathered as much information as possible about people's life histories, who they were and their interests and hobbies. People were asked about their likes and dislikes, which had been used along with the other information to inform the person's care plan. People's individuality and character shone out of the records we viewed. Staff benefited from getting a real sense of the lives people had led prior to moving into the home. The detail included information about their personal grooming requirements and their preferred hygiene routines. For example, one person's care plan read 'I can dress myself'. Other information under things I am good at doing included, 'I can make a cup of tea. I can select and make my own breakfast'. People's care files showed that people who were important to them had been fully involved in the assessment and care planning process. These care plans ensured staff knew how to manage specific health conditions and care needs, for example autism spectrum disorder and challenging behaviour.

People were supported by staff who were knowledgeable about their needs and preferences. Staff clearly knew people well which we observed from their interactions with people. Care plans contained guidance for staff about people's preferences, such as how they liked to spend their time, the activities they enjoyed and whether they expressed a spiritual interest. For example, one person's care plan stated, 'I like to go to the beach, but I will not walk for long distances or walk on the pebbles'. Care plans also showed detailed information about people's biographical history, which enable staff to know how to support them for example with their behaviours that could be challenging to others.

Assessments were reviewed with the person concerned and their relatives and care plans had been updated as people's needs changed. Staff described how they offered people choices on a day to day basis. We observed that staff were attentive to people's request for assistance throughout our inspection. During our observations, staff involved people in decisions about their daily care, such as what time they wanted to go out.

People were supported in promoting their independence. People's independence skills were promoted in the preparation of meals. For example, throughout our visit, staff guided people in how to make drinks and sandwiches for themselves. Staff knew what people could do for themselves and encouraged them to continue to do those things. Where people needed some support with daily activities staff did not take over. People were supported to use local community facilities and the home had a vehicle to take people out.

The provider sought people's and others views by giving annual questionnaires to people, staff, professionals and relatives to gain feedback on the quality of the service. The completed surveys were evaluated and the results were used to inform improvement plans for the development of the service. For

example, people had commented, 'We choose what we want to eat on the Sunday for the next commencing week'; 'I like my room, the food, the staff, going out to clubs and drives'; 'Happy I have everything I need and I am looked after well', and 'I have all the support I need from staff'. All the responses were positive, and stated people were happy with the care being provided.

There was a complaints procedure which told people and relatives how they could complain and the timescales for a response to be received. Staff were familiar with what to do if people approached them to complain and they understood the policy. The complaints procedure was available on the notice board in the hallway and each person was given a copy when they moved to the home. There was a pictorial complaint process guide for people on the notice board. This enabled people to know how to complain in a format they could understand. There was also information and contact details for other organisations that people could complain to if they are unhappy with the outcome. Complaints were recorded in a complaints log. There were no complaints recorded in the log since we last visited. The registered manager told us there had not been any complaints received.

Good

Is the service well-led?

Our findings

People spoke positively about the way the home was run. They told us the registered manager and staff were approachable. One person said, "All the staff are good". One health and social care professional commented, 'Management are very approachable and open to ideas/suggestions, advice offered to them'.

Staff told us that they felt comfortable and confident in raising concerns with the registered manager of Orchard View. One staff member said, "I love working here". The owners of Orchard View named as The Regard Partnership (Provider) had a clear set of values for the service. Amongst these values are 'Every person that we support will experience a pathway with an individual support plan, a life that makes sense to each person, real day to day involvement and participation in living a full life, opportunities to develop a range of skills based on choice and preference and safety and security at home. The management team proved their commitment to implementing these values by putting people at the centre when planning, delivering, maintaining and improving the service they provided. Our observations showed us that these values had been successfully implemented by the registered manager and staff who worked in the home. For example, people were always fully engaged and involved in suitable meaningful activities, people had individualised support plans and they felt safe.

Support was provided to the registered manager by the provider through the locality manager. This showed that there was adequate support in place for the registered manager in order for him to support the home and the staff. The registered manager supported the deputy manager, who in turn supported the senior support worker and support workers. This staffing structure allowed the registered manager to be fully involved in the needs of the home, people who lived there and the staff who supported them. The staffing and management structure also ensured that staff knew who they were accountable to. We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to people and to the registered manager. Staff said that they were happy working at the home and that they had good working relationships.

Communication within the home was facilitated through daily informal discussion between management and staff. The service had staff meetings where areas such as staff training, health and safety, people's needs updates amongst other areas were discussed. Staff told us there was good communication between staff, the management team and the registered manager.

Residents' meetings enabled the registered manager and staff to keep people up to date with what was going on in the service and gave people an opportunity to comment, express any concerns and ask questions. Topics discussed included activities, menus, key working and people's goals. We saw that suggestions such as weekly menu were acted upon.

There was an emergency plan which included an out of hours' policy and emergency arrangements for people that was clearly displayed on notice board. This was for emergencies outside of normal hours, or at weekends or bank holidays.

The management team understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They submitted notifications to us in a timely manner about any events or incidents they were required by law to tell us about.

There were effective systems in place to manage risks to people's safety and welfare in the environment. The provider continued to contract with specialist companies to check the safety of equipment and installations such as gas, electrical systems, hoists and the adapted baths to make sure people were protected from harm.

Throughout our visit the staff and management showed us that they were committed to providing quality service. There were effective quality assurance systems in place to monitor and review the quality of the service. The management team carried out regular audits of all aspects of the service including care planning, infection control, medication and health and safety to make sure that any shortfalls were identified and improvements were made when needed. Daily audits were carried out on areas such as infection control and medicines. External audits were carried out by the locality manager, health and safety manager and quality manager. Areas identified as requiring action had been completed by the registered manager.

There were systems in place to record, monitor and review any accidents and incidents to make sure that any causes were identified and action was taken to minimise risk of reoccurrence. We looked at records of accidents, these showed that the registered manager took appropriate and timely action to protect people and ensured that they received necessary support or treatment.