

Mr and Mrs T A Mills

Apple Orchard

Inspection report

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Date of inspection visit:
18 March 2019

Date of publication:
29 March 2019

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

About the service: Apple Orchard is a residential care home. It provides accommodation and personal care for up to ten adults with a learning disability. At the time of the inspection there were nine people living at the service.

People's experience of using this service:

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 in the following ways:

- People were involved in planning their care.
- People were supported to follow their interests, set goals and increase their independence.
- People had good access to their local community and opportunities to meet people and were supported to maintain relationships with friends and family.

People were supported by a small but consistent team of staff who were kind and caring. Staff had good relationships with people and knew them well. People told us they liked living at the service and wouldn't change anything about it.

Staff knowledge in relation to people's condition, their needs, and how to support them was thorough.

Care plans were person centred and included people's personal goals for the year.

There was an open culture where staff and people could raise concerns or issues. People told us they felt safe at the service and felt happy to speak up.

Rating at last inspection: Good (August 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue our on-going monitoring of the service and all information we receive. We will use this information to determine when we next inspect the service.

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

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Apple 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Apple Orchard is a care home. People in care homes receive accommodation and nursing or personal care. 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 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:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in August 2017. This included details about incidents the provider must notify us about. We used information the provider sent us in their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with four people living at the service. We spoke with two members of staff, the registered manager and the acting director. We reviewed three people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints. After

the inspection we sought feedback from health and social care professionals.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe and happy here; it's my home."
- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- People told us they knew who to speak to if they were worried about anything. One person said, "I would tell [registered manager], my keyworker or another member of staff."
- Staff said they felt confident to raise concerns about poor care. One staff member said, "I would speak to [registered manager] or [acting director] or CQC. I wouldn't hesitate to whistle blow if I was worried."

Assessing risk, safety monitoring and management

- Risk assessments were in place for when people were at the service and in the community. When risks were identified, care plans provided clear guidance for staff on how to reduce the risk of harm to people. These included areas of support such as money management, road safety and kitchen safety.
- The environment was regularly checked and assessed.
- Fire systems and equipment were monitored and checked. People took part in regular fire drills.

Staffing and recruitment

- There was enough staff on duty to meet people's needs.
- Safe recruitment procedures were followed.
- People took part in interviewing potential staff if they wanted to. One person told us, "When new staff come, we sit in and ask questions at the interview."
- People were supported by staff they had known for several years. People told us they had consistent support from staff they knew well. One person said, "The staff know me and I know them."

Using medicines safely

- Medicine administration records were signed by staff to indicate people received their medicines as prescribed.
- Medicines were stored safely. Regular stock balance checks were carried out.
- People's medicines were regularly reviewed.
- Some people were prescribed additional medicines, such as pain relief, on an as required basis (PRN) but there were no PRN protocols in place. Having protocols in place follows best practice guidelines because they provide clear information for staff on when and why people might require extra medicines, including information on whether people are able to tell staff when they are in pain. This was relevant because the service was in the process of recruiting new staff who would be unfamiliar with people's needs. Records showed that staff had given people additional medicines, but they had not always recorded the reason why, or the outcome. Having this information in place enables staff to identify any trends quickly. We discussed

this with the registered manager during the inspection. Although the lack of protocols had no impact on people because staff knew them so well, they told us they would implement protocols with immediate effect.

Preventing and controlling infection

- Staff had received infection control training. Staff had access to personal protective equipment such as aprons and gloves.
- The service was clean and tidy.
- People were supported by staff to do their own laundry. One person said, "I do my own washing and I use the tumble dryer" Another person said, "We all tidy our rooms and staff help us."

Learning lessons when things go wrong

- Incidents and accidents were reported. The registered manager told us they reviewed incident reports to prevent recurrence. For example, they had arranged falls prevention training for staff previously.

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

Good: 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 needs were assessed prior to moving to the service and were regularly reviewed.
- Care plans detailed people's personal goals for the year ahead and these were also reviewed to see if they had been met.
- People's protected characteristics under the Equalities Act 2010 were identified and their needs were met. This included people's needs in relation to their culture and religion. For example, some people had previously chosen to attend a local church service and church group.

Staff support: induction, training, skills and experience

- There was a formal induction programme in place for new staff.
- Staff had been trained to carry out their roles. There was a training plan in place which highlighted when refresher training was due.
- Staff told us they could request additional training if required. One member of staff said, "We've got some training coming up about supporting people who have had emotional trauma. If I felt I needed other training, I would mention it to [registered manager] and they would sort it."
- Another member of staff said, "I do feel trained to do this job."

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

- Staff supported people to plan meals and shop for food.
- Care plans contained details of what people preferred to eat and drink. People told us staff respected their choices. For example, one person said, "I'm a vegetarian, so staff buy me some meat free stuff, or they'll make me a separate meat free meal."
- One person said, "We have a meeting every week and decide what we would like [to eat]. Staff do the shopping. I don't want to go [to the supermarket]."
- People participated in meal preparation if they chose to. One person said, "I make my own hot drinks and snacks." The registered manager said, "Some people will get involved in the cooking, and some just like to watch. One person doesn't like to join in but will sit with a cup of tea and watch. Another person doesn't like to cook, but will clear up and recycle any vegetable peelings."
- People were supported to eat healthily. Although some people told us they liked "chips" and "[fast food]", care plans showed that staff were supporting people to lose weight and make healthy choices. For example, in one person's plan, their goal for the year was to lose a stone in weight.

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

- People were supported to access ongoing healthcare. Staff did this by arranging appointments and

attending them with people.

- The service worked closely with the local community learning disability team (CLDT). The registered manager said, "They [CLDT] have been amazing. We've worked closely with them; they're very supportive and come here a lot."
- People had annual health checks.
- The registered manager told us they supported people to access healthcare however they wanted. For example, although an optician visited the service, one person preferred to go to the optician's retail shop instead. Staff respected this.
- One person was in hospital at the time of the inspection. The registered manager told us staff visited the person every day and had liaised with hospital staff about the person's support needs.

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

- The environment was clean, tidy and homely.
- People told us they had their own bedrooms which they could decorate to their own personal taste.
- Regular environmental checks were carried out. Maintenance issues were resolved quickly. There was an ongoing improvement plan for the building. This included plans to update the decoration and furnishings when needed.
- There was a pleasant garden area with seating. People told us they enjoyed sitting outside in the warmer weather. One person said, "This is a nice house, with a nice garden. We have barbeques in summer and sit outside."

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.

- Staff remained knowledgeable about the principles of the MCA and supported people to make informed decisions. One member of staff said, "If someone said they wanted to do a bungee jump for example, I'd try and find out why they wanted to do it. I'd show the person videos of it, because I've never done it. And then give them as much information as possible so they could make an informed decision."
- People's capacity to consent to their care and support had been assessed. People had signed their care plans to indicate their consent.
- Best interest decisions were made in conjunction with other health professionals and people's relatives. For example, the registered manager told us one person had a medical procedure on their eye following a best interest meeting. They told us, "It made such a difference to [person's name]; being able to make drinks, enrolling on more college courses and generally getting out and about more."
- People had access to advocacy services. The registered manager said, "We have two people using advocates at present; they [advocates] attended support plan reviews when people's relatives couldn't attend. I was very impressed by them; they put the needs of service users first and foremost."

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

Good: 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

- People were relaxed around staff; chatting, smiling and laughing with them.
- People could move around the building freely. The main office was separate to the main house and people frequently came into the office to sit with us or speak to us. They were welcomed by staff when they came in.
- People told us staff were "kind." A health and social care professional told us, "From what I have observed, the residents that I have been assessing, appear to be very happy and contented at Apple Orchard. Family members that I have been able to speak to, also speak very highly of the staff and support that their relatives are receiving."
- There was a small team of staff at the service. People knew all the staff by name.
- Staff spoke highly of their roles. One member of staff said, "My job is to support people in their day to day living, supporting them to be as independent as possible. Like encouraging people to make their own breakfast; it might seem really simple to you or me, but it's a big thing to them." Another member of staff said, "I enjoy making people happy. [Person's name] loves music and CD's. I went and got some CD's from my car for [them] to listen to, and the smile on [their] face was lovely."
- One health and social care professional said, "Staff members that I came into contact with, were friendly and polite and there was always a calm pleasant atmosphere within the main house whenever I visited."

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

- People were involved in their care plans. People set their own personal goals for the year and reviewed these with staff to assess if they had been met.
- Regular feedback was sought from people. Weekly meetings took place when people were asked their views on the menu and activities for example.
- We saw the latest survey results from 2018. Comments from people included, "The home is very homely and relaxed," "The staff are impressive," and, "The house makes me happy."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person said, "Staff always knock on my bedroom door. And, if I want to stay in my room, they leave me to it." Another person said they had asked for a lock on their bedroom door and this was being arranged.
- Staff understood how to maintain people's dignity and how to promote independence. One member of staff said, "I treat people how I would want to be treated. Simple things like making sure the door is closed during personal hygiene and letting people choose what they want to eat and drink."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care and support plans were person centred throughout. People had been actively involved in developing their plans and had regular meetings with staff to review how things were going.
- Care plans contained detailed information about people's choices and preferences. These included people's preferred routines. A health and social care professional told us, "I have been completing social care needs assessments and believe that the needs of each individual have clearly been identified and highlighted to me. These also appear to have been accurately recorded in each resident's personal files."
- Staff had a clear understanding of people's needs. They knew people well and could describe in detail how they supported them. One member of staff said, "Care plans are based on someone's interests rather than their diagnosis. People are involved in their care. The care one person gets would not work for someone else; it's about helping people to develop and progress to their own goals".
- Plans showed that staff supported people to achieve their goals. For example, one person had said they wanted to enrol on a college course and staff had supported them to do this.
- People with communication difficulties were supported by staff to be involved and to be understood. One person had a communication plan in place which had pictures of things the person might want, different rooms, and staff names. This person could point to what they wanted or who they wanted to speak to for example.
- The service was within walking distance to the local town, and public transport links. This meant people could access the community easily. People told us they participated in activities of their choice. For example, one person said, "I walk down to the shop on my own. We [indicating another person] get the bus on our own. I go the library, to the shops, out for coffee."
- People told us staff supported them to go on holidays. One person said, "We've been to Blackpool and Cumbria." The registered manager said, "They love going on holiday. [Person's name] always likes to find a quiet spot wherever we go, and then they like to sit with a pot of tea."
- People were supported to maintain relationships with family and friends. One person said, "My [relative] visits me. Or I speak to them on the phone."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Details of how people could complain was available in easy read format and was on display in a communal area.
- People told us they knew how to complain. One person said, "I've never had to make a complaint, but if I did, I'd tell a member of staff."
- No complaints had been received during the previous 12 months.

End of life care and support

- The registered manager told us they were working with the CLDT to put advance care plans in place with

people. These are plans that detail people's choices and special wishes around care when they are ill or approaching the end of their life.

- The registered manager told us one person had died the previous year. They explained how they and staff had supported people through this. They said, "We told people about the funeral; some chose to attend and some didn't. People wanted to do something to remember the person; so, a tree has been planted and some of [person's] ashes have been scattered there in the garden. We also had a short service here. We offered people extra support if they needed it. We hosted the wake here after the funeral; that was nice because everyone shared happy memories." They told us this person's family still visited the service to tend to the garden.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People's needs were put first in line with the provider's values. The registered manager said, "We provide people with a platform to promote their independence whilst keeping people safe. I just want the guys here to be happy and enjoy their lives."
- One member of staff said, "Our approach to speak up. One member of staff said, "I'm happy to speak up at meetings. I will always speak up on behalf of people." is person centred; we make it nice for people and do what they want to do. It's a family environment."
- There was an open culture where staff were encouraged
- Staff spoke highly of the registered manager and the acting director. One member of staff said, "[Registered manager] is a really cool guy, really approachable. There's nothing you can't say to [them]. [They] are also very supportive." Another staff member said, "Both [registered manager and acting director] are really nice. [Registered manager] deals with stuff straight away and [acting director] is also very approachable; that's probably why I've stayed so long. They both roll their sleeves up and help out; like today, staff are off sick, so we're all helping out."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance processes were in place. This included audits of medicines, health and safety and the environment.
- There was an annual development plan in place. This included plans to improve decoration and furnishings. The acting director told us they were considering how to develop the service, such as developing a self-contained flat for people who were in the process of moving to independent living.
- A health and social care professional said, "[Registered manager] and [acting director] have been open and honest in reporting any concerns or issues that they have had, and have also been receptive to advice and recommendations given."
- The registered manager understood their responsibilities to notify us of certain events.
- The rating of the previous inspection was displayed as required.

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

- Regular feedback was sought from people. Weekly meetings took place. We heard and saw that people could speak to the management team whenever they wanted.
- Regular staff meetings took place and minutes of these were available. One member of staff said, "We're a

small team so we don't need to have many meetings. We tend to get things sorted pretty quickly."

- Staff surveys had been carried out. Comments from staff about the service included, "professional but relaxed [atmosphere], strong relationships with clients," "people are treated like adults," and "inclusiveness."

Working in partnership with others

- The service had good links with the local community. The registered manager said, "People here are well known in the area. Staff in the corner shop know people well."
- The acting director told us they had started to network with other providers.
- The service accessed a local charitable volunteer befriending service for people. The registered manager said, "They [volunteers] come and do activities or spend time with people." They told us people had developed good friendships because of this and told us, "It means the absolute world to people."