

Mr & Mrs V MacDonald

# Orcadia

## 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 was announced and took place on 11 December 2017.

This service was last inspected on 9 and 16 August 2016 where we found that the provider was in breach of four of the regulations in relation to safeguarding, quality assurance systems and registration requirements. At this inspection, we found that improvements had been made and the provider was no longer in breach of any of the regulations.

Orcadia is privately owned and is located within walking distance of Disley town centre. The home is registered to accommodate 10 people who require support with their personal care and day-to-day living. The accommodation consists of nine single bedrooms, set over two floors, all of which contain handwashing facilities. Access between the two floors is via a staircase and chair lift. There are three bathrooms, two lounge areas and a large enclosed garden. On the day of our inspection there were 9 people living in the home.

Orcadia has a registered manager. 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.

People were provided with care that was person centred, sensitive and compassionate. Staff supported people to maintain independence and there was an emphasis on everyone being involved in the daily running of the home and being involved in decision making in relation to what went on in the home.

The home was managed and staffed by a consistent team of support workers who were well trained and well supported. Our observations showed there was plenty of staff around the home to help people with their day to day needs.

There were systems and processes in place to ensure that people who lived at the home were safeguarded from abuse. Staff we spoke with confirmed they knew how to raise concerns.

Risk assessments were detailed and specific and contained a good descriptive account for staff to follow to enable them to minimise the risk of harm occurring to people who lived at the home.

Medication was well managed and only administered by staff who had the correct training to enable them to do this. There was a process for analysing incidents, accidents and general near misses to determine what could be improved within the service provision.

Staff were clear on the principles of the Mental Capacity Act 2005, and best interest processes. Consent was sought and clearly documented in line with legislation and guidance.

Menus were varied and people told us they had input into the menus and food preparation where appropriate. There was access to other medical professionals who often visited the home and were involved with people from a clinical point of view.

The building had been recently refurbished to include a new kitchen and chair lift. Both these improvements were in response to feedback from the people living in the home.

Staff treated people with kindness and respect. People were treated as individuals, and their choices and preferences were respected by staff. This was evident throughout our observations around the home, and the information recorded in people's care plans. People were included in their care and support as much as possible, and there was evidence to suggest that person centred plans had been discussed with people and their relatives.

People's support plans were person centred and contained a high level of detail about the person, their likes, dislikes and how they want to be supported. Activities were centred around the interests of the people living in the home and were flexible to accommodate spontaneous outings as well as more planned activities that occurred on a weekly basis. People were supported with employment and local community activities. There was a process to listen to and respond to complaints for people in the home and any visitors if they wished to raise a formal complaint.

The vision of the home was person centred and the staff we spoke with told us they liked working for the company. Quality assurance systems were effective and we saw that where issues had been identified action had been taken to address these.

## 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.

Staff were clear on safeguarding procedures and when information needed to be shared with other agencies to keep people safe and appropriate referrals had been made to the local authority safeguarding team.

Staffing levels at the home were sufficient to meet the needs of the people living in the home.

Medicines were managed safely within the home.

### Is the service effective?

Good ●

The service was effective.

Staff members were supported by regular training and supervision to ensure that they had the skills to meet the needs of the people living in the home.

Managers and staff were acting in accordance with the Mental Capacity Act 2005 to ensure people received the right level of support with their decision making. People's choices were respected and they were involved in many of the decisions about how the home was run on a daily basis.

### Is the service caring?

Good ●

The service was caring.

We asked the people living at Orcadia about the home and the staff members working there and received a number of positive comments about their caring attitudes.

Many of the staff members had worked at Orcadia for a long time and relationships in the home had developed over time and were respectful and caring. We saw that staff promoted independence and involvement for all the people living at Orcadia.

### Is the service responsive?

Good ●

The service was responsive

Care plans were detailed, personalised and regularly updated to reflect the current needs of people living in the home.

Activities were arranged around the preferences of people living in the home. People were encouraged where appropriate to be independent and responsible through a variety of activities and people were actively supported to express their opinions and preferences in relation to daily living activities.

The provider had a complaints policy and processes were in place to record any complaints received and everyone we spoke to knew how to raise a complaint.

### **Is the service well-led?**

The service was well-led.

There was a registered manager at the home and they were aware of their responsibilities.

The home had a quality assurance system to ensure that they were compliant with the regulations, continually questioning practice and looking for improvements. Where improvements were required, these were acted upon.

**Good** ●

# Orcadia

## Detailed findings

### Background to this inspection

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

This inspection took place on 11 December 2017 and was announced. The provider was given 48 hours' notice of inspection to ensure that people were present when we visited. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of either using this type of care service or caring for someone who uses this type of care service.

Before the inspection, we checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they held about Orcadia. They shared that they did not have any concerns about this home.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We spoke with a total of four people living there, two relatives and five staff members including the registered manager and the deputy manager. The people living in the home and family members were able to tell us what they thought about the home and the staff members working there.

Throughout the inspection, we observed how staff supported people with their care during the day. We undertook a tour of the building and with permission, looked at people's individual rooms.

We looked around the service as well as checking records. We looked at a total of two care plans. We looked at other documents including policies and procedures. Records reviewed included: staffing rotas; risk assessments; complaints; staff files covering recruitment and training; maintenance records; health and safety checks; minutes of meetings and medication records.

## Is the service safe?

### Our findings

We asked people if they felt safe. All the people we spoke with said that they felt Orcadia was a safe environment. They told us, "I love it here. There are enough staff and I feel safe. There are sometimes agency staff [sic] but they are fine", "I like living here. I do feel safe. There are always staff around if I want to talk about anything" and "The staff are all nice and friendly. There are sometimes agency staff [sic], but not too often. I feel safe here". We spoke with the registered manager who explained that they have never used agency staff in the service, therefore they believe that people were referring to their own bank staff who work less regularly.

Relatives of the people living in the service also felt that the service was safe. One person told us, "Yes, my relative is safe here and it's well-staffed. I've never seen any agency staff, there always seems to be the regular staff on. They always seem to have plenty of time for them and never seem to be rushed. They are very calm and they are all pleasant" and "I do feel they are safe at Orcadia. The staff have always got time to talk. There seems to be a consistent work force at Orcadia".

At our last inspection in August 2016, we found that the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have effective systems and processes in place to prevent abuse of service users. The provider had made improvements in this area and was no longer in breach of this regulation.

We saw that the provider had a safeguarding policy in place which incorporated the local reporting procedures. Staff we spoke with were able to explain the course they would take if they felt someone was being harmed or abused and we saw that the provider had appropriately reported safeguarding incidents since our last inspection. Staff were also aware that they could whistle blow to external organisations such as the Care Quality Commission (CQC) if they felt they needed to.

We saw from safeguarding outcomes were recorded and considered by the provider in order that any necessary lessons could be learnt and improvements made.

At our last inspection, we found a number of improvements in relation to medication were needed which were resolved during the course of our inspection. These improvements have been sustained. We saw the provider had a policy for the administration of medicines, which included the disposal and storage of medicines. We noted that this did not include controlled drugs (Medicines controlled under the Misuse of Drugs Act 1971 are called controlled drugs) or medication given covertly, however no-one in the home was taking medication of this kind. We spoke to the manager who agreed to revise the policy to include these areas. Medicines were administered by staff who had received the appropriate training. For further clarity the person responsible for medication was highlighted on each staff rota in order to minimise any confusion as to who was responsible for this task. We saw storage of medication was safe and the practices for administering medicines were safe. We checked three Medication Administration Records and could see that the records showed people were getting their medicines when they needed them and at the times they were prescribed. We undertook a spot check of three people's medication and saw that accurate records

were kept of the current stock in the home. We saw clear records were kept of all medicines received into the home, administered and if necessary disposed of.

Risk assessments were carried out and kept under review so the people living in the home were safeguarded from unnecessary hazards. We could see that the home's staff were working closely with people and, where appropriate, their representatives and other health professionals to keep people safe whilst maintaining their independence. For instance we saw risk assessments were in place for someone to leave the home independently to travel to work and visit friends. Appropriate management plans were in place to try to manage this risk whilst ensuring that this person could maintain a level of independence.

There was an incident and accident book where events were recorded and these were also recorded in people's care plans. Appropriate action was taken where any patterns were detected and the relevant health or social care representatives were consulted.

We saw that the recruitment and selection of staff was safe and DBS checks were completed prior to staff working in the home. There were sufficient numbers of staff to support people in the home. Staffing was flexible and was arranged around the activities and appointments of people living in the home, as dependency levels were consistent as the majority of people living in the home had been there for a number of years and their needs remained stable.

We conducted a tour of the home. The home had recently undergone some refurbishment and a new kitchen had been installed and the area rearranged. This was following feedback from people that the area did not allow them to be sociable during mealtimes. People living the home told us that they loved the new kitchen/diner and we saw that this was the hub of the home during our inspection with people gathering there to chat and do activities. The atmosphere in the home was welcoming and calm. Gloves and aprons were available for staff when delivering personal care.

We saw that regular checks were undertaken on the premises to ensure that they were safe and that the relevant safety certificates were all in date.

We found that the people living in the home had an individual Personal Emergency Evacuation Plan (PEEPS) in place. PEEPS are good practice and would be used if the home had to be evacuated in an emergency such as a fire. They provide details of any special circumstances affecting the person, for example if they are a wheelchair user. PEEPS were stored in people's care plans and a brief traffic light system was displayed in the hallway of the home for easy reference.

## Is the service effective?

### Our findings

All the people living at the home that we spoke to and their family members felt that needs were well met by the staff who were caring and knew what they were doing. Comments included, "I like the food, I get as much as I want", "The food is good. I love cooking. We get a choice of food. There is a menu in the cupboard" and "If I say I don't like something, I can have something else. I help the staff with the shopping".

One relative told us, "Their key worker is very good and all the staff definitely seem to know what they are doing, it a very good place". Another relative told us, "The staff are well trained and very helpful".

Records showed that staff were up to date with the providers training programme. Staff were trained in a range of topics including safeguarding, first aid, moving and handling, Mental Capacity Act 2005 (MCA), and medication administration for senior staff. We asked staff members about training and they all confirmed that they received regular training throughout the year; they also said that their training was up to date. Staff told us, and records showed that supervisions took place regularly, and staff received an annual appraisal.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There was no-one in the home who lacked capacity at the time of our inspection. However staff confirmed that they had completed training in this area and were able to explain about the principles of the MCA and what they would do if they had any concerns about changes in someone's presentation.

The provider had a restraint policy that clearly documented what staff needed to do if employing this method. Staff we spoke to advised that they had never had to use restraint as they did not have anyone within the home that presented with challenging behaviour and any incidents to date they had been able to de-escalate.

Consent was recorded in the care plans and we saw that staff took their time with people and they were consulted about all decisions within the home. For instance we saw that there was a washing up rota within the home and people we spoke with said that they were happy to participate with this.

Staff members were kept up to date with any changes during handovers that took place during every staff change and we were able to observe a handover and view notes from previous handovers. They were thorough and provided details for each person as to how they had been during the shift and whether there

were any areas of concern.

Visits from other health care professionals such as GPs, opticians and any hospital visits were recorded so staff members would know when these visits had taken place and why. These records were kept within the care plans.

People living in the home were encouraged to be involved in the planning and preparation of the food in the home. One staff member told us, "When we do the shopping list for the week, everyone is asked what they would like to eat". We saw minutes from meetings where people had discussed the menus and food within the home. People living there told us that they make their own lunch and we observed some people preparing lunch, where others were less able and staff prepared this for them. Staff sat and ate with people living in the home and there was a nice family kind of atmosphere with lots of chatting and laughing. We saw that people were able to help themselves to drinks throughout the day or, where necessary, staff would make these according to people's preferences.

We saw that weights were taken monthly and where appropriate advice sought, for instance someone had gained some weight and we saw records that they had seen the GP and were encouraged with healthy eating options.

A tour of the premises was undertaken, this included all communal areas and, with people's consent, a number of bedrooms as well. The home was clean and well maintained and provided an environment that met the needs of the people living there. We saw recent adaptations had been made to the home, as a stair lift had been added for someone who mobility was affected, but they wanted to remain in their existing bedroom.

The laundry within the service was well equipped and it was neat, tidy and well organised. People who were capable of assisting with this and had the relevant risk assessments in place were encouraged to help with these tasks within the home.

## Is the service caring?

### Our findings

We asked people living in Orcadia about the home and the staff who worked there. Everyone told us that the staff were kind and caring. Comments included, "I like the staff. They care of us and look after us", "The staff are caring. Very. They know my likes and dislikes and they are good at helping me to be as independent as I can be" and "I love it here. The staff are all very nice".

We spoke with relatives and they were pleased with the care and support their family member received. Comments included, "If I ever have any concerns, I am invited to discuss them. The staff talk to my relative as I would like them to, and they treat them with dignity and respect" and "They treat them with respect and they definitely know their likes and dislikes because they tell them. The staff are very patient and kind".

Our observations were of respectful and caring relationships between the staff members and people living at Orcadia. Staff members told us that they enjoyed working at Orcadia and had very positive relationships with the people living there. Comments included, "I just love my job, even when I go away I miss them" and "It doesn't feel like coming to work. I even come in on my days off. The feeling of this home is like a family".

When we visited we found an active, happy home. People were supported to be as independent as possible. People were actively engaged with external organisations and involved in the local community on a regular basis. A number of people living in Orcadia had local jobs, both paid and voluntary. People also attended the local church and were involved in activities associated to this.

We observed that the people living in the home looked clean and well cared for and we saw staff remind people of the importance of washing hands and keeping clean in a respectful manner. Where appropriate, people were involved in the daily running of the home, for instance people who were able participated in cooking and washing up as well as the laundry in the home.

The quality of décor, furnishing and fittings provided people with a comfortable, homely environment in which to live. Following feedback from people living in the home, the kitchen area had been refurbished and now provided more space for people to socialise. Bedrooms we saw were all personalised and well-furnished.

We saw that there was a variety of information available in easy read formats. This ranged from policies to a welcome booklet and information displayed in the home, such as what activities were taking place. This supported some people's understanding and allowed them to make choices independently.

We saw that personal information in terms of care records was stored securely in a locked cupboard in the office area.

## Is the service responsive?

### Our findings

The people who commented confirmed that they had choices in terms of daily living activities and that they could choose what to do and where to spend their time. One person said, "I do lots of things that I enjoy doing. Today we are flower arranging and I'm really enjoying it", "I like to go shopping in Buxton. I go swimming. I like to go out on my own. I like to be independent. We go on holidays" and "I like to go to the pub" and "It was our Christmas party on Saturday. It was at the Methodist church where I go on Sundays".

Care plans were personalised and detailed and captured the needs of the individual. All the plans were well maintained and were reviewed regularly so staff would know what changes if any had been made. Care plans contained relevant information regarding background history and preferences to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example, the files contained detailed information about which people were important to them, the food they liked and preferred social activities. We spoke with staff about people's individual likes and dislikes and the staff we spoke with were very knowledgeable about the people they were caring for. The people living in the home were able to talk to us about their care plan and they knew what information was contained in there.

They had an activities co-ordinator who worked eight hours a week providing additional support to staff around activities, but all staff were involved in planning and organising social and other events for people. We saw people were regularly consulted about what activities they wanted to take part in. Activities were a mixture of social and occupational activities that encouraged people to be responsible for the running of the home. Activities varied from coffee mornings, craft activities, local outings as well as food shopping for the home. The plans were flexible in order that spontaneous visits and outings could take place dependent upon weather and how people were feeling that day. We observed a flower arranging activity taking place in the home on the day of our inspection and saw a number of people involved. There was lots of laughter and also pride in their work, as people were showing off their creations to the inspection team as well as staff members coming on shift during the course of the day.

The provider had a complaints policy and processes were in place to record any complaints received. The provider had not had any complaints in the last twelve months, however everyone we spoke to was clear how to make a complaint. The complaints policy was available in easy read format.

## Is the service well-led?

### Our findings

There was a registered manager who had been in post since October 2010 and was supported by a deputy manager. We spoke to people living in the home about the registered manager. Everyone knew who she was and spoke about her positively. Comments included, "I know the managers. They're nice to talk to. I am happy with everything and I have no complaints", "I see the manager every day. She's nice, all the staff are" and "They [the managers] are easy to get on with and if I want to talk they are there for me. I've never had to complain about anything". Relatives also spoke positively about how the home was managed. Comments included, "I know the manager, she is approachable. Overall, it's very well organised" and "The manager is approachable. I commend them on the very good job that they do".

At our last inspection in August 2016, we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have a comprehensive quality assurance system in place. We found during this inspection that improvements had been made and the provider was no longer in breach of this regulation.

Quality assurance systems were in place and audits were undertaken in areas such as the environment, medication and care plans. We could see that concerns had been raised on a recent medication audit and improvements were highlighted. This included a staff member undergoing medication training. We saw that this training had been completed before the staff member was allowed to administer medication again.

As the registered manager provided care to all the people living in the home, she also observed and monitored standards as part of her daily work in an informal manner. Feedback was sought from relatives and professionals who regularly visited the home in an annual survey and where any suggestions were received, the manager acted upon these and provided feedback to individuals.

At our last inspection in August 2016, the provider was in breach of Regulations 12 and 18 of the Care Quality Commission (Registration) Regulations 2009 as they were not submitting the relevant notifications. The provider was no longer in breach of this regulation as notifications were being submitted. Providers are required to notify CQC of events or changes that affect the service or the people using it, for instance serious injuries or where the provider has made an application to deprive someone of their liberty.

Residents' meetings and staff meetings were held on a regular basis. We were able to view the minutes of the meetings and could see that both staff and people living in the home had opportunities to discuss improvements and issues within the home.

Staff members we spoke to were positive about how the home was managed. Comments from staff members that we spoke with included, "The managers are brilliant. It's a really good team. They not only care about the residents but about one another. It's a lovely home" and "It makes the job easier as the managers are very good with everything."