

North Yorkshire County Council

# The Orchards Extra Care Housing

## Inspection report

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### Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

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

This inspection took place between 2 and 12 November 2018 and was announced. This was the first inspection of the service since it was registered in December 2017.

The Orchards Extra Care Housing is a domiciliary care agency. It provides personal care to people living in their own houses and flats to predominantly older people.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People at The Orchards Extra Care Housing lived in apartments or in bungalows that were situated in the grounds. People had access to a restaurant, communal areas and a garden.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

A registered manager was in post. 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.

Some risk assessments were in place although we found when people had specific medical conditions, risks associated with these conditions had not been recorded. We have made a recommendation regarding risk assessments.

Established recruitment procedures were in place which meant staff had been recruited safely. They received a thorough induction when they joined the service and received continuous support through regular one to one supervisions and training.

Medicines had been managed and administered safely. Staff had received medicines training and had their competencies in this area assessed by management.

Staff received safeguarding training and knew how to raise concerns. They were confident the management team would deal with any concerns raised appropriately.

There were enough staff available to meet people's needs and attend planned care visits. People were

supported by a consistent team of staff who were familiar with their likes, dislikes and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Consent to care and treatment was clearly recorded and staff respected people's choices. People told us they were actively involved in the development of their care and support plans.

People were supported to access health professionals when needed and to maintain a healthy balanced diet of their choice.

People we spoke with told us staff treated them with dignity and respect and respected the choices they made. Staff were knowledgeable about people's likes, dislikes and preferences and positive relationships had been developed.

People's independence was promoted by staff. Care plans had been developed to ensure they contained person-centred information and provided clear guidance of the level of support that people required. These had been regularly reviewed to ensure they remained up to date.

A complaints policy and procedure was in place. People told us they knew how to raise any concerns. Feedback from people had been sought on a regular basis to encourage continuous improvement. People told us they could contact the service at any time and were confident any feedback they provided would be listened to.

People, relatives and staff spoke highly of the management team. The registered manager completed checks to monitor and improve the service. When shortfalls had been found, action plans were in place to ensure improvements were made. Whilst we were told the provider completed audits on the service these were not recorded and there was no evidence to show these audits had been effective in recognising shortfalls. We have made a recommendation about effective quality assurance.

## 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 not always safe.

Risk associated with specific medical conditions had not been assessed or recorded.

Safe recruitment processes were in place and followed.

There was enough staff on duty to support people's needs and respond to emergency call bells.

Medicines were managed safely.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff had received a variety of training to ensure they had the skills and knowledge to meet people's care and support needs.

Staff received regular, constructive supervisions to encourage professional development.

People received the support they required with meal preparation. Care records detailed other professionals involved in people's care and support.

Consent was clearly recorded. People told us they were involved in the development of their care and support plans.

**Good** ●

### Is the service caring?

The service was caring.

People told us staff treated them with dignity and respect.

Records demonstrated that people's independence was promoted, and their choices were respected.

People and relatives spoke highly of the staff team and their kind and caring approach.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Care plans had been developed where needed and contained person centred information.

Care plans had been regularly reviewed to ensure they contained up to date information.

A complaints policy and procedure was in place. People and relatives knew how to raise any concerns.

**Good** ●

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

The service was well-led.

People, relatives and staff spoke highly of the management team and their open, honest approach.

Quality assurance systems were in place to monitor and improve the service.

People were regularly asked to provide feedback on the service provided.

The service had a registered manager who understood the responsibilities of their role.

**Good** ●

# The Orchards Extra Care Housing

## **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.

Inspection activity started on 2 November and ended on 12 November 2018. The inspection was announced. The provider was given 48 hours' notice because the registered manager and staff are often out of the office supporting people and we needed to be sure they would be available.

The inspection was carried out by one adult social care inspector. Following the inspection site visit on 2 November 2018, an Expert by Experience contacted people who used the service and relatives to gain their views on the service provided. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. The inspector contacted staff employed by the service via telephone following the site visit.

As part of planning our inspection, we contacted the local Healthwatch and the local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider sent us their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

We reviewed a range of documentation. These included three people's care planning documentation and daily records and four people's medicine administration records. We looked at five staff files relating to their recruitment, supervision, appraisal and training. We reviewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection we spoke with nine people who used the service and two relatives to gain their views on the service provided. We also spoke with six members of staff including the registered manager.

# Is the service safe?

## Our findings

People told us they felt safe when being supported by staff. One person told us, "I feel safe here. If I press by emergency buzzer they come very quickly." A relative we spoke with told us, "My relative is very happy with the service and I am happy knowing they have the support they need, when they need it."

Some risk assessments had been completed for areas such as medication, the use of wheelchairs, and falls but it was not clear from the information recorded what the identified risks were, or the control measures taken. For example, a wheelchair risk assessment stated what staff needed to consider whilst using the wheelchair but did not describe what the risks to the person were, such as falling from the wheelchair or foot damage if the foot plates were not used correctly.

When people had specific medical conditions which posed a risk, risk assessments were not in place. For example, one person had epilepsy. An epilepsy risk assessment had not been completed and the care plans did not provide sufficient guidance. Another person's care plan detailed that they were diabetic, which was tablet controlled. No further information was recorded about this medical condition and a risk assessment was not in place.

We discussed risks to people with staff and found that, although detailed risk assessments were not in place, staff were familiar with the associated risks and how they should be managed. There was no evidence of impact on people as a result of this recording shortfall.

We recommend the service seeks advice and guidance from a reputable source in relation to risk assessments and take action to improve their practice accordingly.

The provider had a recruitment policy and procedure in place which had been followed. Recruitment records showed the required pre-employment checks had been completed prior to employment commencing. This included two references and a Disclosure and Barring Service check (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with adults who may be vulnerable. The providers Human Resources department were responsible for requesting recruitment documents for new employees. The registered manager had introduced a monitoring system so they could keep their own record of when recruitment documents such as references and DBS had been requested and received. This ensured the registered manager had full oversight of the recruitment process.

At the time of our inspection, the service supported 13 people with the regulated activity of personal care but also provided emergency support to all 35 flats and three bungalows. Rotas showed that at least two staff were on duty at all times, with a team leader on call out of normal office hours for emergency support and guidance.

People told us there was enough staff. One person said, "I have planned visits where staff come and help me on a morning but there have been a few occasions when I have pressed my emergency bell – they have always been very quick to respond." Another person told us, "I know what time the staff are coming, and



they are always near enough on time. I have never noticed any issues with staffing."

People received support with their medicines as required. Staff were responsible for ordering, storing and administering some people's medication. Records we looked at showed this had been managed safely. Medicine administration records (MARs) were completed accurately and staff ensured people had a supply of any medicines that were needed. We found the recording of topical medicines was not always clear. For example, one person was prescribed a cream to be applied twice daily but there was no indication on the MAR as to what area of the body the cream was to be applied.

We discussed this with the registered manager who took immediate action and sourced and implemented a body map during the inspection. The body map was clearly highlighted to show staff what area the cream was to be applied to.

Staff received safeguarding training which had been regularly updated to ensure they remained up to date with current best practice guidance. Records showed that when safeguarding concerns had been raised, appropriate action had been taken by staff and the management team. Staff were aware of the safeguarding policy and procedure and action they should take if they had any concerns. One staff member told us, "We complete safeguarding training regularly. I am sure any concerns raised are addressed appropriately by management without hesitation. I would be confident in raising any concerns and I am aware of the whistle-blowing policy."

Records of accidents and incidents were kept and these contained the required level of information. We discussed the importance of reviewing accidents and incidents on a regular basis to look for trends with the registered manager. The registered manager told us very few accident or incidents occurred at the service, but they would ensure close monitoring took place.

Staff has access to personal protective equipment which was stored on site. All staff had received infection control training and understood the importance of following good infection control practice. One member of staff said, "We can access gloves, aprons and hand gel whenever we need it."

## Is the service effective?

### Our findings

People told us they received support from staff who had the relevant skills and knowledge. One person said, "I am very happy with the care I receive. All the staff know what they are doing so I would presume they are suitably trained."

The service had an onsite Bistro where most people chose to have their main meals. During the inspection we observed staff supporting people to access the Bistro who had mobility issues or needed additional support. Care plans clearly recorded the level of support people required with meal preparation. For example, one person required help to prepare breakfast, preferred to access the Bistro independently for a lunch time meal and made their own sandwich or light snack at tea time. This level of information ensured people received the support they required with meals, whilst promoting people's independence in this area.

Care plans recorded other professionals who were involved with people's care and support. Information about people's GPs, district nurses, optician and social workers was available, and people told us staff assisted them to make medical appointments if this was required. Staff completed professional contact sheets when they had been involved in supporting a person with medical appointments. These detailed concerns that were discussed and the outcome. One person said, "I have my own GP which I can usually attend no problem, but there have been times when I have been unwell and staff have helped me to get an appointment sorted."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). For people living in their own home, this would be authorised via an application to the Court of Protection.

The service worked within the principles of the MCA. Staff received training in this area and understood the requirements of the MCA. They knew what action they would take if they had any concerns, such as report it to management or other relevant professionals. The service was not supporting anyone who had a Court of Protection order in place.

Care plans evidenced people had been involved in making decisions around their care and support and signed consent was in place. Staff told us they always asked people if they were happy and understood before support was provided.

A thorough induction process was in place to ensure new staff were introduced to the service in a structured

way. Monthly review meeting took place to monitor new staffs performance and to highlight any training needs until their six month probation period came to an end. On site observations had also taken place which involved management observing staffs performance in a number of areas such as appearance, communication, dignity and respect to ensure they were working to the provider required standards.

Once staff passed their probation period, regular one to one supervisions took place. Records showed these were constructive and included two-way feedback on performance, training and development. Action plans had been put in place to ensure staff continued to develop and address any shortfalls in performance. Competency assessments were completed in areas such as medicine administration and moving and handling to ensure staff followed best practice guidance and the providers policy and procedure in relation to these areas.

Staff we spoke with told us they felt supported within their role. Comments included, "I like that I am encouraged to develop" and "The management team are very supportive, and I have regular discussions with them. I now I don't have to wait for my one to one to discuss any concerns I have."

An extensive range of training was also available to staff. This included training which the provider considered mandatory as well as specialist training in areas such as dementia. All staff had recently completed and training course in relation to autism. The registered manager said, "Although we don't support people with autism I think it is useful for staff to have some knowledge and understanding and it is training some staff had expressed an interest in."

## Is the service caring?

### Our findings

People were complementary about the standard of care they received, and the way staff treated them. Comments included, "The staff are absolutely wonderful. The care meets my needs. I'm very satisfied with the care and the staff who visit me" and "They're (staff) are all very nice, they reassure me if I'm worried. They're all approachable, friendly and caring in their approach."

All the people and relatives we spoke with told us staff treated them with dignity and respect. One person said, "I have help with dressing and staff are always respectful. I never feel uncomfortable at all, they put me at ease." Another person told us, "I didn't want male staff to help me with washing and dressing, so I discussed it with the staff. They have never sent a male which shows they listen and respect my choices and dignity."

People we spoke with told us staff promoted their independence. One person said, "They know me well enough to know what I can do for myself and they never try and interfere." A relative we spoke with told us, "My [relative] was not managing their own personal care and staff recognised this. They now provide support in this area, but they have been respectful of what they can manage to do on their own."

Care plans contained person-centred information which focused on how people wished to be supported and what tasks they could manage independently. For example, care plans detailed what aspects of personal care or meal preparation a person could manage without support. This level of information ensured people's independence was prompted.

Initial assessments and rotas showed that people were able to choose a time they would like staff to visit and we found this had been accommodated where possible. People we spoke with told us they were happy with the times of their calls and the flexibility that could be offered if needed. One person said, "They come at times I have requested, and I have never had any issues." A relative we spoke with told us, "Staff used to come too early on a night, so we discussed it with the management. They sorted it for us." Care record also included details of access arrangements, such as if a key safe was to be used or if they person would like staff to ring the doorbell. This level of information ensured people's preferences were respected.

It was clear from discussions with people and information recorded in people's care records that staff respected choices people made. People were supported to live according to their wishes and values and had access to advocacy support if this was needed. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known. People told us staff sat and spoke with them about their care and what they wanted and support was delivered to help achieve this.

Staff we spoke with were extremely knowledgeable of people's likes, dislikes and preferences which were also recorded in people's care records. One member of staff said, "I visit people on a regular basis so really do get to know their needs and how they like things done. I know how each person likes their breakfast or tea and coffee served, what time they like their visits to be and days relatives visit." A person who used the service told us, "One thing I can say is everything is how I like it, no questions asked."

People were encouraged to maintain relationships and build their friendship circles. Staff made the time and effort to introduce people new to the service to other people to ensure they felt welcomed. People were encouraged to make use of the communal spaces available to avoid social isolation and we observed relatives and friends visiting the service throughout the inspection.

The management team understood the importance of ensuring effective communication was promoted whilst maintaining confidentiality. A staff member said, "People will often come down to see us for a general chat or they may wish to discuss something more personal. We have an office space available to accommodate this. I feel we have great relationships with people who are comfortable approaching us."

## Is the service responsive?

### Our findings

People told us staff were responsive to their needs. One person said, "If I have been unwell and need extra support it has been arranged no problem at all." Another person said, "Staff always respond in emergencies. Having that supports reassures me."

The management team worked in close partnership with the housing provider who were responsible for the maintenance for the building, the Bistro and tenancies. The registered manager told us staff would often conduct joint visits to people wanting to move into The Orchards Extra Care Scheme to ensure the service was suitable and could meet people's needs. This way of partnership working ensured transitions to the service were smooth.

Care plans had been developed to provide staff with details of the level of support that people required. These contained person centred information and promoted people's independence. For example, a personal care plan stated the person could wash their own hands and face, brush their teeth and comb their hair but needed assistance from staff to wash and dress their lower half. It went on to explain the person needed help to put support stockings on but could remove them independently. This level of detailed ensure person-centred support could be provided.

Care plans had been reviewed on a regular basis to ensure they continued to meet people's needs. When people's health had declined, care plans were updated to reflect this. This ensured staff had access to up to date information.

Care plans in relation to peoples end of life wishes were not in place. We discussed this with the registered manager who told us, "We find that quite often people do not wish to discuss their end of life wishes with us and we respect their choice." They agreed they would record when people had declined to share this information moving forward.

Staff completed daily contact sheets which provided details of any support that had been provided. These records contained clear information and had been completed as required. When people needed additional support, due to being unwell, records clearly stated the additional support that had been provided and the reason for this. This showed that the service was responsive to people's changing needs.

People told us they knew how to raise any concerns and that they were confident management would deal with any concerns appropriately. One person said, "I would have no problems raising any concerns to management. They are all very friendly and approachable." Another person said, "We have regular meeting with the management and they take everything that we say on-board. We haven't had to complaint, but I am 100% certain it would be dealt with straight away."

The registered manager told us no complaints had been made since the service registered with CQC. A complaints policy and procedure was in place and people were provided with a copy when they started using the service.

Although staff were not responsible for organising activities, they worked in partnership with the housing provider to ensure regular stimulating activities were on offer. One person told us, "Staff are great at motivating me and encouraging me to get involved." A relative we spoke with told us, "Activities are wonderful! There's bingo, dominoes, music, movies. My [relative] is very happy, they join in everything. Staff put their heart and soul into organising things and get everyone involved." The registered manager told us staff helped source outside entertainers to visit the service to ensure a variety of activities were available.

The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they understand, plus any communication support they need when receiving healthcare services. The registered manager was aware of the Accessible Information Standard. Care plans contained information about people's preferred method of communication, whether they could communicate their needs and the support they required with their communication. The provider was able to provide information to people in large print, easy read, braille and a number of different languages if this was required.

## Is the service well-led?

### Our findings

People told us the service was well-led by a management team who were open, honest and approachable. One person said, "I cannot fault the management. When I first came here they were very supportive to ensure I settled quickly." Another person said, "I would recommend this place to anyone. Management run a tight ship and I have always found them to be warm, friendly and accommodating."

There was a manager in post who was registered with CQC. They were also responsible for another service owned by the provider. They were supported by two team leaders who took responsibility for the day to day running of the service. The team leaders ensured they kept the registered manager well informed of any concerns or issues at the service. One team leader said, "Whenever [registered managers name] is not at the service we make sure we send them emails or contact them via telephone to keep that up to date. They know everything that is going on." People we spoke with were familiar with the management team and were clear who the registered manager was.

People told us they were regularly asked their views on the service provided and monthly resident meetings took place. Although these monthly meeting were chaired by the housing provider, staff at the service were actively involved. One person said, "Everyone is involved in the monthly meetings and we get to discuss anything we wish. I can't say I have ever heard any grumbles really about the care people receive, it is more about the building and the Bistro." The registered manager told us they ensured staff and where possible management attended resident meetings to ensure they worked in partnership with the housing provider to provide a collaborative approach.

The registered manager submitted surveys to people in October 2018 to gain people's views on the service provided. We reviewed the response to these surveys and found they all contained positive comments and no areas of concern had been raised.

There was a number of quality audits in place to monitor and improve the service covering areas such as medicine administration records and daily visit reports. The MARs had been audited on a regular basis and we found these had been effective in identifying shortfalls. For example, when dates the MAR had started had not been entered or when staff had not used administration codes appropriately. An 'actions taken' document was in place which showed when the required actions had been completed.

The registered manager told us they were supported by a senior manager who often visited the service to conduct quality checks and offer advice and guidance when needed. We found these visits were not recorded and we were unable to identify what areas of the service senior management actually checked or what they had identified during these visits. We discussed this with the registered manager. They told us they were not provided with written feedback following these visits but that the provider was in the processes of implementing improvements in this area.

We recommend the service seek advice and guidance from a reputable source in relation to quality assurance systems and adjust their practice accordingly.



The registered manager attended regular meetings with managers of the providers other locations. Minutes of these meeting showed that common concerns, training, documentation requirements and recruitment were discussed. It was also evident that any lessons learnt were shared. For example, due to a serious incident at one of the providers other locations, improvements had been made throughout the service with regards to risk relating to wheelchairs. This had been discussed at managers meetings to ensure all staff were following this new guidance.

Staff were provided with opportunities to attend regular staff meetings. Any staff who were unable to attend were provided with a copy of the meeting minutes to ensure they were kept up to date and informed. Staff meetings were used to provide staff with the opportunities to share ideas for how the service could improve, discuss any concerns as well as the day to day business such as rotas and staff training available. One member of staff said, "We have regular meetings and I feel I am well informed. It is a good team here, and we communicate really well."

Registered providers of health and social care services are required by law to notify us of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their liberty. The provider ensured all notifications of significant events had been provided to us in a timely way.