The Orchard Trust

The Orchard Trust Domiciliary Care Agency

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

This was an unannounced inspection which took place over two days on the 13 and 14 September 2016. Orchard Trust Domiciliary Care Agency provides personal care for people with a learning disability living in their own homes in Gloucestershire. At the time of the inspection ten people were receiving shared care living together in two houses in Lydney.

There was a registered manager 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.

People received a service which was highly individualised reflecting their personal wishes, aspirations and routines important to them. They had been fully involved in all aspects of their care and support. People had been involved in developing their care records and reviewed them with staff making sure they continued to keep up to date with their changing needs. They had copies of easy to read care plans and other information had been made available to them in formats appropriate to their needs using photographs and pictures. People were supported to be independent around their home and in their local communities. They were helped to gain skills to live independent lifestyles whether managing their own medicines, cooking, cleaning or gaining the confidence to try other types of care and support. People's days were busy doing meaningful activities of their choice.

People were supported by staff who had been through robust recruitment procedures ensuring all checks had been completed before they started working without supervision. People had been involved in the recruitment of staff. There were enough staff employed to meet people's needs and to provide flexible cover which reflected people's lifestyles. Staff had a good understanding of people's needs. They were responsive to accidents and incidents making sure people had access to health care professionals if needed to keep them safe and well. Staff encouraged people to make decisions and choices about their day to day lives. If decisions needed to be made in people's best interest this had been done in line with the recommendations of the Mental Capacity Act 2005.

People's views and those of their relatives, staff and professionals involved in their care were sought as part of the quality assurance process. Feedback included, "Excellent service", "Staff are very supportive and caring" and "People have a fantastic lifestyle." The provider had systems in place to monitor and audit people's experience of their care and support. Staff said the management team were open, accessible and very supportive. Managers and representatives of the provider attended local networks ensuring they kept up to date with best practice and changes in legislation.

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. People's rights were upheld and they were guided about how to stay safe in their homes and local communities.

Any hazards people faced had been discussed with them and risk assessments outlined how these had been reduced to keep them safe.

People were supported flexibly by staff to enable them to live their lives the way they wished. Staff had been through a robust recruitment process which involved being interviewed by people using the service.

People managed their medicines with the support of staff.

Is the service effective?

Good

The service was effective. People were supported by staff who had access to training and individual support to develop their skills and knowledge.

People's consent was sought in line with the essence of the Mental Capacity Act 2005.

People were advised about healthy eating and supported when they had special dietary requirements.

People were helped to stay healthy and well. They had access to a range of health care professionals.

Is the service caring?

Good

The service was caring. People have positive relationships with staff who engage with them with kindness, respect and care. Staff offer reassurance when needed and promoted effective communication with people.

People were actively involved in talking about their care needs and developing their care plans.

People were supported to be independent in their day to day

lives and gain the confidence to do more for themselves.

Is the service responsive?

Good

The service was responsive. People's care reflected their individual needs, their likes and dislikes and routines which were really important to them. Any changes in their health and well-being were responded to quickly.

People led fulfilling lifestyles with access to a range of meaningful activities.

People had access to a complaint process, they were listened to and were able to talk about any issues as they arose.

Is the service well-led?

Good

The service was well-led. People benefitted from the service having an open and accessible management who supported the staff team.

People were able to express their views about their experiences of their care and support. The visions and values of the service were understood and promoted by staff.

Quality assurance processes were in place to assess the quality of care provided and to maintain the high standards of care they strived to provide.

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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.

The inspection took place on 13 and 14 September 2016 and was unannounced. One inspector carried out this inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

As part of this inspection we spoke with six people using the service and had feedback from one relative. We spoke with the registered manager, the deputy manager, a representative of the provider and five care staff. We reviewed the care records for four people including their medicines records. We also looked at the recruitment records for three staff, staff training records, complaints, accident and incident records and quality assurance systems. We received feedback in response to questionnaires we had sent from four health and social care professionals, one relative and three staff. We have used feedback given to the provider from relatives and professionals as part of their quality assurance process. We also considered a report by an external organisation who had inspected the service as part of a local commissioner's monitoring of people's care and support.

Good

Is the service safe?

Our findings

People's rights were upheld. People had talked with staff about how to stay safe in their homes and in their local community. Their care records detailed advice given to them about "stranger danger" and not allowing people they did not know into their homes and not to talk to strangers. People had been given their own copy of a "Keep Safe" card. Staff had a good understanding of how to recognise and report abuse. They described how they recorded unexplained bruising or incidents between people. They confirmed they had access to safeguarding training, safeguarding policies and procedures and the contact details of the local safeguarding teams. They were confident any concerns they raised would be dealt with and the appropriate action taken by management. Records confirmed the action taken in response to incidents to minimise the risks of these happening again. Staff said they had talked with a person when they had occasionally hit out at another person to understand the issues. New strategies had been put in place to try to prevent these reoccurring. People's care plans prompted staff to help people to feel happy and safe by having a positive attitude and keeping to planned actions.

People were safeguarded against the risks of financial abuse. They kept their personal finances securely and records had been kept with receipts of all expenditure. People signed each transaction on the record to confirm the expenditure item. People had been informed of the expenses they would need to share with other people they lived with and if needed staff supported them to manage their budgets so they would not get into debt. Each person had an inventory of their personal possessions.

People were kept as safe as possible from the risk of harm. Each person had discussed the hazards they faced in their home and in their local community. Risk assessments described how these had been minimised. Easy to read information had been used to discuss this with people and they talked through these assessments with us. For example, a person showed us their risk assessment for using equipment in the kitchen. A picture of a kettle had a cross beside it and they told us they were unable to use this without the support of staff. Another person had a picture of the electric hob with a cross and said they could not use this. Risk assessments had been reviewed each month and if changes needed to be made in response to incidents these were completed. For example, a person had a number of falls and a referral had been made to health care professionals to assess whether the use of mobility equipment would prevent further falls. Their risk assessments noted they had used a walking stick to aid their mobility.

People benefitted from systems to keep them safe in the event of an emergency. Each person had an emergency evacuation plan in place which described how they would leave their home in an emergency. People took part in fire drills. Business continuity plans were in place should there be a problem with issues such as staffing levels, utility supplies or bad weather. Staff confirmed there were arrangements for out of hours support and management were "always on hand if needed". Systems were in place to monitor the health and safety of people's homes and the working environment for staff.

People occasionally had accidents which had been recorded and investigated thoroughly. The registered manager confirmed accidents and incidents had been monitored to assess for any trends which may be developing and action had been taken to reduce the risks of these reoccurring. She discussed with us how

they tried to balance people's independence, promoting positive risk taking and keeping them as safe as possible. Staff said they would be confident raising concerns with management and were given feedback about any action which had been taken to address the issues they raised.

People were supported by enough staff to meet their individual needs. People were observed discussing with staff when they wanted their support. Staff confirmed they arranged their hours flexibly to suit people's needs and commitments. Occasionally they worked alone and said this was mostly at weekends due to people needing their support hours during the week. The deputy manager described how the staffing levels had been adjusted to reflect the individual needs of new people using the service. Staff felt there were enough staff to support people to live their lives they wished to. One member of staff told us, "We can have more staff if we are going to extra places." They said if they had a problem they would call the management team for advice or support. Staff said they managed to cover spare shifts so that consistency and continuity of support was maintained.

People were involved in the recruitment and selection of staff, taking part in interviews and being able to express their choice about who worked with them. Thorough recruitment processes were in place. A checklist evidenced when documents had been requested and received. Any gaps in employment history had been explored and a full employment history had been provided. Checks had been made with previous employers to find out why applicants had left their employment. Prior to starting work a Disclosure and Barring Service (DBS) check had been completed. A DBS check lists spent and unspent convictions, cautions, reprimands, plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. Risk assessments had been put in place for all new staff who started work before all recruitment checks had been completed. The registered manager confirmed they usually started their induction programme and if they worked they shadowed existing staff. The registered manager described how staff performance had been monitored and staff had been supported to develop their skills. If needed disciplinary procedures would be implemented in response to poor practice.

People were supported to manage their medicines. A person told us, "Staff help me with my medicines. They prompt me when to take them." People who wished to administer their own medicines had been assessed to make sure they were confident and safe to do this without staff support. Secure facilities had been provided to store their medicines in their rooms. Easy to read administration charts had been provided which they signed when they had taken their medicines. We observed a person doing this after they had taken their medicines. Staff also completed a medicines administration record (MAR) to confirm medicines had been taken. Some people were able to take their medicines but needed prompting and supervising by staff. Other people preferred to have their medicines administered by staff. The provider information return stated, "All staff are required to meet the Medication Code of Conduct before doing medication administration
Independently." This included training, assessment of knowledge and observation of administering medicines. Medicines were stored, maintained and administered appropriately and in line with national guidance.

Good

Is the service effective?

Our findings

People were supported by staff who had access to a range of training to equip them with the skills and knowledge they needed to meet people's individual needs. Staff confirmed they had access to training considered mandatory by the provider such as first aid, food hygiene and infection control. They also completed training specific to the needs of people they supported such as autism awareness, swimming, nail care and positive behaviour support. A training schedule had been devised which highlighted the training needs of staff and when they needed to complete refresher training. The responsibility for this had been transferred to a training department to oversee the training needs of all staff working for the Trust. The registered manager also maintained their own records so they could monitor when staff needed refresher training. New staff confirmed they had completed the care certificate. The care certificate sets out the learning competencies and standards of behaviour expected of care workers. Staff had a very good understanding of people's needs. A health care professional commented about staff, "Very helpful and knowledgeable; concerned and interested."

People benefitted from staff who felt supported in their roles. Staff said they had attended individual meetings (supervisions) with managers to discuss their performance, training needs and professional development. Supervision sessions were planned to be held three times over the course of the year with an annual appraisal. All staff had received an annual appraisal and had attended two supervision meetings. They said communication within the team and with management was really good. They had staff meetings each month to discuss people's needs, training, health and safety and anything staff wished to add to the agenda. Staff reflected, "We work well as a staff team" and "We have a really good working relationship."

People's capacity to make decisions about their care and support had been assessed in line with the Mental Capacity Act 2005 (MCA). The 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's care records indicated when they were able to make decisions and choices for themselves and when decisions needed to be made in their best interests. When decisions were made in their best interests there was evidence of who had been involved and that decisions had been based on their knowledge of the person. We discussed with the deputy manager some inconsistencies around the recording of people's mental capacity and they said this would be corrected. People were observed making choices about their day to day lives such as what to do, what to eat and what to wear. People consulted with staff who respected their decisions. For example, one person had not wanted to go out for an activity, but staff checked with them again and they changed their mind and decided to go.

People's dietary needs had been discussed with them. If people had special requirements these had been highlighted in their care records and they were supported to purchase the appropriate ingredients to maintain their preferred diet. When people had allergies these had been identified in their care records and care was taken to avoid these foods. People were supported to have a healthy and nutritional diet. They chose their menus and staff advised them about healthy living. People bought snacks and drinks to have in

their rooms and divided the bills for meals they shared together. People helped themselves to drinks and took it in turn to prepare and cook meals. A person said, "Staff help me to cook my tea" and another person confirmed, "I don't use the oven but make snacks and drinks."

People were supported to maintain a healthy lifestyle. Their physical and mental health was promoted through exercise such as going to the gym or doing yoga. They had access to health care professionals for example their GP, community nurse, dentist and optician. They were also supported to attend out-patient appointments at hospital if needed. They had access to the local community learning disability team and to mental health support. Records had been maintained evidencing appointments and the outcome as well as follow up checks. People had a health action plan and hospital passport which provided a summary of their health care needs for use in an emergency. They also had annual health checks. A member of staff commented, "The health services and support we receive are really strong."

Good

Is the service caring?

Our findings

People were treated with kindness by staff who cared for their well-being. People had positive relationships with staff and sought out their company, enjoying light hearted banter. They were very relaxed in the company of staff. People said they liked staff and staff were "alright" and "they make me happy". A member of staff told us, "It is really joyful working here." Relatives told the provider, "Staff are very supportive and caring" and "They look after [name] very well." An external inspection by peer reviewers commented, "A homely and friendly atmosphere."

People's human rights were respected and their individual needs in respect of religion, spirituality, disability and sexuality had been considered when developing their care records with them. People had access to age appropriate and meaningful activities. If they had preferences for the gender of staff supporting them with their personal care this was respected. Adaptations and equipment had been provided to make sure they could remain as independent as possible when in their homes and out in their local communities. For example, they had been provided with walking frames and wheelchairs to aid mobility. People's right to confidentiality was promoted with their personal records being kept securely. They chose when to invite family and friends to their homes and staff supported them to keep in touch with those people important to them. For instance, when people moved into the service they had been supported to keep in contact with family and friends. One person had been supported to maintain a friendship with a long term friend. A relative said, "We are made to feel like one of the family."

People were supported by staff who fostered effective communication with them. People's preferred way of communicating had been described in their communication passports. These profiles included an interpretation of people's body language and facial expressions and what they might mean. For example, twirling would indicate being anxious. Staff listened to people intently and responded to them appropriately and respectfully. If staff were unable to respond to their requests instantly they explained why and told people when they would be available. A person told us when they were upset, "Staff cheered me up once." Staff were observed patiently explaining to people what was happening and why, reassuring them when needed or giving them space. Management commented, "We trust staff to deal with issues as they arise. They are very competent."

People talked through their care records with us. They had two versions which included an easy to read plan which used pictures to illustrate their daily lives and any risks they faced. They kept these in their rooms. Their main care file contained guidance for staff. People had signed these care records and had been involved in making decisions about their care and support. Staff understood people really well and described how they helped people when upset or anxious. People had access to advocates and information had been given to them to explain how to contact an advocate if they wished to. Two people had lay advocates. Advocates are people who provide a service to support people to get their views and wishes heard. There are lay advocates and
statutory advocates such as Independent Mental Capacity Advocates (IMCA).

People were treated with dignity and respect. Staff were observed knocking on people's front doors to gain

access to their homes and also knocking on their bedroom doors if they needed to speak with people. People were asked for their permission before professional visitors were invited into their homes. People were observed choosing where to spend their time in private in their rooms or with others in a shared lounge, kitchen or garden. Some people liked to keep their bedroom doors open and unlocked whereas other people chose to lock their doors. People's individual choices about the way they wished to live were respected. The provider information return stated, "Privacy, dignity and confidentiality is respected throughout all aspects of our service."

People were supported to be independent in their day to day lives. They had talked through with staff what they needed help with and what they could do for themselves. They had also identified what they would like to learn to gain further independence. A member of staff commented, "We promote independence in everyday lives for example how to make drinks and doing the washing. They take little steps, achieving personal growth." Staff told us about discussions with a parent who was amazed at what their relative was now able to do for themselves, such as doing their laundry. Another member of staff described how a person had been supported towards a more independent style of living having successfully gained the confidence to do more for themselves.

Good

Is the service responsive?

Our findings

People's care was individualised and reflected their likes, dislikes and routines important to them. Prior to starting a service each person had been assessed to see whether their needs could be met. As part of this process they were invited to meet with other people with whom they would be sharing their home. Staff said this was a crucial part of the process and it was important for people already living together to have a say about who would be joining them in their home. Staff reflected that after a person had experienced difficulties when a new person moved into their home they had increased the number of visits new people made and carefully organised the transition process so that it was not only appropriate for the person moving in but also helped those already living together. Management said they reviewed the "dynamics of people living in supported living". This also involved reviewing the compatibility of people living together, whether people were happy with the current arrangements, wished to move elsewhere or were ready to move to a different style of care and support.

People's care records had been kept up to date and reflected changes in their needs. People had reviewed their care each month with a member of staff allocated to them (key worker) and also more formally every three months. When there were changes in people's behaviour staff responded quickly by investigating their physical health and involving their GP or other health care professionals. They also made referrals for mental health support when needed. The provider information return described how one person had been empowered to recognise when their needs were changing which resulted in increased anxiety. They had been given strategies to cope with or without staff support depending on their wishes. Staff said they constantly evaluated what was working well for the individual and if they needed to change the support provided this was done. A member of staff reflected, "If they are not happy, we will change it and try something different." An example was given of a person trying out work experience which had not suited their skills or what they were looking for. Staff were supporting them to look for alternative opportunities.

People led full and active lifestyles. As part of their care and support staff enabled them to take full advantage of opportunities in their local community. People had work experience and voluntary positions locally. They also said they liked to go to college for dance and cookery as well as using the Trust's facilities working on a small holding, swimming and trampolining. People told us they went out to social clubs, day trips and on holidays as well as to the cinema, bingo and the gym. A member of staff told us, "Whatever they want to do, we will do our utmost to help them achieve it." A health care professional commented, "Staff are very enthusiastic about providing activities."

People's concerns and experiences were listened to. People had information about the complaints policy and procedure. This had been produced in an easy to read format using pictures to explain the text. People could also attend house meetings held each week to discuss menu planning, activities and any issues of concern. If people did not wish to attend house meetings they could have an individual meeting with staff. People did not have any concerns and said they were happy with the service they received. People were observed chatting to staff freely and having any issues addressed by staff as they arose. The registered manager confirmed no complaints had been received about the service people received.

Good

Is the service well-led?

Our findings

People and staff were involved in developing the service. Their views were actively sought, listened to and action taken to improve people's experience of their care. People had a variety of ways in which they could openly express their opinions. They met together at house meetings occasionally meeting with others also receiving a service to exchange views. They had individual meetings with key workers and had completed annual surveys. A representative of people using this service also attended the Trust Our Voice Board. This forum enabled people using the services of the Trust to hold managers to account. Staff views were also welcomed through staff meetings and individual support meetings. Some members of staff had taken lead responsibility as champions in areas such as health and safety, activities and infection control. Staff spoke about making a positive impact on people's lives and felt supported by management to help people achieve their dreams such as greater independence or moving on to a different style of living. One member of staff said, "We discuss ideas professionally and feedback to managers." The views of relatives and professionals involved in people's lives were sought. Statements to the provider from both relatives and health care professionals included, "Excellent service."

Quality assurance processes monitored the standard of care provided to people. A representative from the provider carried out monthly visits to people which they had recorded identifying actions for improvement. These included producing easy to read versions of care plans, which people proudly shared with us. Monthly reports had been produced for the board of trustees so they could monitor the quality of the service. Improvements being made included setting up a text messaging service for staff so they could request additional cover without intruding on their personal time. This would also be used to prompt staff about training. New quality assurance systems had been introduced to monitor the health and safety of people and services. Robust records were in place confirming health and safety checks had been completed. Accident and incident records had been monitored to make sure no trends had developed without the relevant action being taken.

People had positive links with their local community. They offered their services voluntarily to a local charity and worked at a local attraction and a café. They used local facilities such as the shops and library. They had good relationships with their neighbours.

The registered manager spoke about their vision for the service; helping people to achieve their aspirations and long term goals. The provider's vision "to be excellent in all that we do" and values "we can do it, treat people as you would like to be treated" had been adopted by staff. They said, "People have a fantastic lifestyle" and "We offer great opportunities for people living in Lydney." The registered manager and deputy manager spoke about the challenges of making sure people continued to be happy with their living arrangements. They talked about long term plans to develop custom-made accommodation for some people.

People benefitted from a management team who were open and accessible. Staff said, "Management are kind and supportive", "I feel utterly supported by the manager and senior managers" and "They are on the end of the phone if needed." One member of staff described the Trust as "a really good employer". Staff said

they would be confident raising concerns under the whistle blowing procedure. This is where a member of staff raises a concern about the organisation. Whistle blowers are protected in law to encourage people to speak out. The registered manager said they had supported staff to explore the way they worked to ensure people's rights were respected.

The registered manager kept up to date with current best practice and changes in legislation through provider management meetings where information was shared by representatives of the provider who attended a local care provider's association, the local safeguarding board and activity champion networks. The Orchard Trust had achieved the Investor's in People Gold Award which recognises the standard for people management. They had also been awarded the Positive about Disabilities Award which recognises people who make a difference for people with disabilities.