The Whitepost Health Care Group

Orchard House

Inspection report

7 Green Lane
Redhill
Surrey
RH1 2DG

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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

Orchard House is a small care home that provides care and support for up to five people with mental health issues. The home is registered as a step down service from Shrewsbury Independent Hospital that treats people with a mental illness. The home is owned and operated by Whitepost Health Care Group Limited. On the day of our inspection four people were living in the home.

The registered manager operated more than one location and was not present at the inspection. 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 and associated Regulations about how the service was run. The provider had appointed a service manager to undertake the day- to- day management of this service. They were present for the duration of our inspection.

Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required.

There were sufficient numbers of staff on duty to meet people's care needs. Appropriate checks, such as a criminal record check, were carried out to help ensure only suitable staff worked in the home.

Staff met with the service manager on a one to one basis to discuss their work. Staff said they felt supported by the registered manager and the service manager and felt confident with the level of management support they received.

Staff were aware of their responsibilities to safeguard people from abuse. Staff and people were able to tell us what they would if they suspected an incident of abuse occurred. Staff had access to a whistleblowing policy should they need to use it.

People were involved in their care and had a copy of their care plan. This was discussed and reviewed with then at least once a month. People's bedrooms had been decorated to a good standard and were personalised by them according to their choice

People and staff interaction was relaxed. It was evident staff knew people well and understood people's needs and aspirations. Staff were very caring to people and respected their privacy and dignity.

People were provided with a range of nutritious foods to maintain a healthy diet. People told us they planned the menus weekly. People cooked their own meals and had arrangements in place to manage this. We saw people had access to drinks and snacks throughout the day and made drinks for each other.

People had risk assessments in place for identified risk of harm. The service manager logged any accidents and incidents that occurred and put measures in place for staff to follow to mitigate any further accidents or

incidents.

Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). There was nobody living at the service subject to a DoLS authorisation.

Staff received a good range of training specific to people's needs. This allowed them to carry out their role in an effective and competent way.

The registered manager and service manager operated an open door policy and we say several examples of this throughout the day. People felt comfortable to approach the service manager to seek their support and advice.

If an emergency occurred or the home had to close for a period of time, people's care would not be interrupted, as there were procedures in place to manage this.

A complaints procedure was available for any concerns. This was displayed in the communal area and people had been provided with a copy of this, which they kept with their care plan.
People were encouraged to feedback their views and ideas into the running of the home.

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.

Medicines were administered and stored safely.

People's individual risks had been identified and guidance drawn up for staff on how to manage these.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked in the home.

Staff knew what to do should they suspect abuse was taking place and there was information available for people living in the home should they need it.

There was a plan in place in case of an emergency.

Is the service effective?

Good

The service was effective.

Staff had the opportunity to meet with the service manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

Staff understood the principles of the Mental Capacity Act. They had also undertaken training in DoLS.

People were provided with nutritious food and were encouraged to plan and cook meals.

People had involvement from external healthcare professionals to support them to remain healthy.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity.

Staff were caring and kind when supporting people.

People were involved in their care and had a copy of their care plan.

Relatives could visit as appropriate.

Is the service responsive?

Good

The service was responsive

People were able to follow their own activities when they wanted to.

Staff responded well to people's needs. They were knowledgeable about the people they supported.

A complaint procedure was available for people.

Is the service well-led?

Good

The service was well-led.

The registered manager and service manager had maintained accurate records relating to the overall management of the service.

Audits of records relating to people's care and the management of the service took place to monitor quality.

Staff felt supported by the registered manager and service manager.

The registered manager submitted notifications as required.

Orchard House

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection that took place on the 23 November 2016.This in a small service so the inspection was carried out by one inspector who had experience in adult social care.

Prior to this inspection we reviewed all the information we held about the service, including information about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We had asked the provider to complete 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 spoke with four people living at Orchard House. As part of the inspection we spoke with two staff, the service manager and we spoke with the registered manager on the phone. We looked at a range of records about people's care and how the home was managed. For example, we looked at care plans, medicine administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at three staff recruitment files.

Good

Is the service safe?

Our findings

People felt safe living at Orchard House. One person said "I feel safe here and trust the staff 100%." Another person said "Everything is fine here and I have no concerns."

People were kept safe from harm because the provider managed risks to people's safety. When potential hazards had been identified risk assessments were in place to manage them. These were detailed and contained information for staff to follow regarding what the risks were to people and the measures needed to reduce the risk of harm. For example, when someone was at risk of falling appropriate guidance and training had been put in place for staff to follow to minimise this risk. A hand rail was fitted on the stairs and another by the garden steps to assist people with their mobility and to minimise any potential harm due to falling. Risk assessments were in place for people who smoked to protect them and other people who lived at the service. People told us they were satisfied with the arrangements in place and were provided with a smoking area in the garden. Risks in relation to exploitation in the community, making bad judgements, managing personal finances and self-neglect were identified and guidance provided for staff on how to protect people from risk.

People were kept safe because staff understood their roles with regard to safeguarding people from abuse. Staff had a good understanding of what abuse meant and the correct procedures to follow should abuse be identified. All staff members had undertaken adult safeguarding training in line with the provider's policy and the local authority's procedures. One member of staff said they would report anything they felt unhappy about to the service manager or the local authority. One person told us "If I was not being treated well I would call my social worker." There were posters in the office and in the communal area explaining the different types of abuse with contact details of the local authority should people or staff require this information. The provider was aware of their role and responsibility about informing the Care Quality Commission regarding any referrals made to the local authority under safeguarding.

People's medicines were well managed and given safely. Medicines were safely stored in individual locked cabinets in people's rooms. Staff that gave people their medicines received appropriate training which was regularly updated. Their competency was also checked regularly by the service manager to ensure they followed best practice to keep people safe. The service manager carried out audits of the medicines every month in order to ensure medicines were managed safely and monitor medicine errors if applicable. The pharmacy also undertook safety monitoring audits and provided advice as appropriate.

People received their medicines when they needed them and as prescribed. One person said they felt happier having their medicines managed by staff. They said "I can do my own inhaler but need staff to give me my medicine." The medicines administration record (MAR) charts were completed properly, without gaps or errors which meant people had received their medicines when they needed them. Each MAR chart held a photograph of the person to ensure correct identification of individuals and there was information on any allergies and how people liked to take their medicines. People had their medicines given to them in an appropriate way by staff. For example with food or after food as directed.

Medicines given on an as needed basis (PRN) and homely remedies (medicines which can be bought over the counter without a prescription) were managed in a safe and effective way and staff understood why they gave this medicine.

People were safe because there were enough staff to meet people's needs. People said there were enough staff provided to care for them. The service manager told us one member of staff worked during the day with the support of the service manager who worked 8am to 5 pm. There was also a member of staff who provided a sleep in function during the night. This could be flexible depending on what activities or events were planned on any one day. We checked the staff rotas for the previous four weeks which confirmed the staffing levels described by them were maintained.

The recruitment procedure was safe. The provider carried out appropriate checks to help ensure they only employed suitable people to work at the home. Staff files included information that showed checks had been completed such as a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents were kept and the information reviewed by the registered manager to look for patterns or triggers that may suggest a person's support needs had changed. Action taken and measures put in place to help prevent reoccurrence had been recorded. For example when a person had fallen from bed the service manager was proactive and had referred the person for physiotherapy, the falls clinic and purchased a new low bed.

People would continue to receive appropriate care in the event of an emergency. There was information and guidance for staff in relation to contingency planning and we read each individual had their own personal evacuation plan (PEEP). The provider had made arrangements with Shrewsbury Hospital for accommodation if the home had to be evacuated for any length of time. A recent fire risk assessment had been carried out on the building and fire drills were undertaken routinely both for day staff and during the night. Training records showed staff were up to date with fire training which meant they would know what to do should the need arise.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills to meet their needs. A person told us "The staff are very good here and know how to look after me." Staff told us they had been provided with the training they required to undertake their roles. A staff member said "I was able to transfer my previous training to here. However I had to undertake induction training again here." The induction process for new staff ensured they learnt the skills required to support people with mental health needs. This included shadowing more experienced staff to get to know more about the people they cared for and for safe working practice. We saw a record of this training on staff development plans.

Staff had the appropriate knowledge to undertake their roles. Mandatory training was undertaken regularly. This included safeguarding adults, fire safety, medicines awareness, health and safety, first aid and food hygiene. One staff member told us they had undertaken an NVQ level 3 in social care. Verbal aggression had been identified as a care need and staff had undertaken specific training to manage this and to de-escalate any progression of this in order to support the person displaying the behaviour and protect other people living in the home.

Staff were able to meet with their service manager on a one to one basis, for supervision and appraisal. Records showed that staff were up to date with both of these. Supervision gives a manager the opportunity to check staff were transferring knowledge from their training into the way they worked. An appraisal is an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had. Both of these are important to help ensure staff were working competently and appropriately and providing the best care possible for the people they support.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) processes were implemented appropriately. 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 who lived at Orchard House were assessed to have capacity.

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). Staff understood the legal framework regarding the MCA and DoLS. DoLS. There was no person living at Orchard House subject to a DoLS authorisation.

People had enough to eat and drink to keep them healthy. They were happy with the quality, quantity and choice of food and drinks available to them. One person said "The food is very good" A person told us they liked to cook and took responsibility to cook the evening meal most evenings. "I enjoy it and people are happy for me to do this." Staff told us people were happy with this arrangement.

Menus were seasonal and were reviewed regularly. Menus were displayed in the kitchen which showed people what was on the menu that day.

Lunch was a relaxed casual event. People made a sandwich of choice and had fruit or crisps if the wished. There was a selection of drinks available to everyone. One person chose to eat later.

People had a nutritional care plan and specific dietary needs were addressed in these plans. The service manager told us if someone had specific dietary requirements they would be referred for the appropriate professional guidance. One person was on a weight reducing diet and staff supported them to achieve their target. They said "I gained weight because of my medication and I decided to do something about this. Staff are helping me with food management."
Monthly weight checks were in place which enabled staff to assess and monitor if people were eating and drinking enough to stay healthy. There was guidance for staff should people's weight reduce and staff had followed this when required.

People were supported by staff to maintain good health. Each person had a health action plan in place which recorded the health care professionals involved in their care, for example the GP, psychiatrist, community psychiatric nurse, optician, dentist or physiotherapist. People were able to see their GP when they needed to.
Individual hospital passports were in place which explained people's needs and preferences for continuity of care and treatment should they be admitted to hospital.
Care plans documented when people's care needs had changed. When people's health needs had changed appropriate referrals were made to specialists for support. For example a person had been referred to the physiotherapist regarding a change in mobility needs.

Good

Is the service caring?

Our findings

Staff were caring and there was good interaction between people and staff. People were positive about the caring nature of the staff. One person said "I love it here and they are so good to me." Another person said "I am happy here and the staff are kind and friendly."

People received good care in a relaxed environment from staff that had built a trusting relationship between them and the people they cared for. We saw staff provided support for people in a discreet way. For example a person wanted to talk about their feelings and the staff member offered to do this in the privacy of their bedroom which they appreciated. They later told us "I get like that sometimes and staff know me so well they talk me through things."

Staff communicated effectively with people and listened to what they said. A member of staff used British Sign Language (BSL) to communicate with a person who had non-verbal communication. Another member of staff communicated with that person by writing everything down or used texting. We also communicated with that person in writing. One person chose not to talk with us but we were able to explain who we were and why we were in the home. People had mobile phones and were able to communicate with their family and friends when they wished. They also had the use of a computer and had individual passwords for this.

People were able to support themselves with personal care and required minimal support with this. They spoke with us about cloths shopping and how staff supported them to go out or shop for clothing on line. One person spoke about visiting the hairdresser regularly and also liked to visit the nail bar. They said staff were always at hand if they required help with this. A member of staff told us looking nice was important to that person and they ensured they provided the support for them. People moved at their own pace around the home and were confident to come and go as they pleased. One person changed their scheduled arrangements for the afternoon as they took a keen interest in our visit and wished to be present to talk with us.

People were supported to be involved in their care. They had been consulted about what they liked and disliked and what mattered to them. People told us they were always consulted before any decisions were made about them. They said they set goals and these were reviewed frequently and new targets agreed as necessary. For example a person was being supported to stop smoking. When lapses occurred this was discussed and broken down to manageable steps in order to instil confidence rather than abandon the programme.

People were able to personalise their rooms with photographs, ornaments and furniture which reflected their interests and hobbies. People maintained their personal space but had the support of staff if they needed this. For example to change their bed linen and undertake their laundry.

People's dignity and privacy were respected. Staff knocked on people's doors before they entered. People undertook their personal care in private and bathrooms and toilets had doors that locked. People had a key to their room and a front door key to promote privacy and independence. Staff addressed people

appropriately and called them by their preferred name. When staff discussed a person's needs or any personal information this was done in the office or a private area so that other people could not over hear what was being said. People opened and managed their own post. Information regarding health care appointments that were addressed to people were shared with staff in order that appropriate arrangements could be made if someone required a staff escort or transport to be arranged.

People told us they were able to invite friends and family to the home and that a private area would be provided if that was required.

Good

Is the service responsive?

Our findings

Before people moved into the home pre admission needs assessments were undertaken. This was to ensure people understood the care and treatment choices available to them. The people who used this service were all formally in patients at Shrewsbury Court Independent Hospital. They had been admitted to Orchard House to follow a rehabilitation programme with a view to independent living. People told us they had been involved in their assessment process and agreed the transition to the home.

People had been involved in their care planning. A person said their care and treatment had been discussed with them. Care plans were computer based, although a hardcopy file was also available so staff could have access to records quickly if needed. People also had a copy of their care plan and had signed these. Care plans were written with information gathered from the needs assessments, medical and psychological reports from the hospital and input from people themselves. These were well written and informative. They provided a detailed account of people's likes, dislikes, personal care, communication skills, medicine plan, nutrition plan, emotional wellbeing plan, and mobility needs. Care was provided according to people's care plans and their care needs. Care plans were regularly reviewed with people and updated appropriately when needs changed to ensure the most up to date information was available for staff to follow. They also identified objectives for people and the action required by staff. For example a person was working towards independent living and a support plan in place set out manageable steps to be achieved before each review.

People were supported in promoting their independence and community involvement. They told us they went shopping, arranged to meet friends, used public transport, attended an art group, and 'stepping stone' which is a social club where people meet and support each other. People told us they were organising several social events including a pre-Christmas dinner before people make their individual plans for Christmas.

Staff were responsive to people's needs. One person wanted to call a health care professional to discuss their therapy and the service manager provided the correct telephone number for them when they had been unsuccessful. A person made contact with their care manager and told us they had weekly telephone conversations with them. They said staff would respond to changing circumstances. For example if they were having a difficult day mobilising staff would arrange a taxi to get them out to local appointments or the shops.

People were supported to maintain family contact and someone said "My family mean the world to me." When people arranged to go home or have their family to visit the staff were responsive and facilitated this.

People's spiritual needs were respected. Currently people did not attend church but this would be something the service manager would support individually. A person told us they attended church when they went home, but this was something they did not want to do while living in Orchard House.

People were supported by staff that listened to them and responded to any problems they may have. People knew how to raise any concerns or make a complaint. One person said "I have not had to make a complaint and if I had any issues I would talk to the service manager who would solve the problem immediately.

People were provided with a complaints procedure when they were first admitted and there was a copy of this displayed in the reception area. The complaints policy included clear guidance on how to make a complaint and by when issues should be resolved. It also contained the contact details of relevant external organisations such as the Care Quality Commission and the local authority. There had been no formal complaints received in the past twelve months. The service manager told us they were in the home every day and if anyone had an issue it would be resolved immediately.

Good

Is the service well-led?

Our findings

There was an open culture in the home where people and staff were able to express their views and were listened to. People were very positive about the home and the way the home was managed. One person said "I have no problem with the way this place is run." Another person said "I like it here and they listen to me."

The registered manager was responsible for managing more than one location and was not present for this inspection. The provider had appointed a service manager who was responsible for the day to day management of Orchard House and was present for the duration of our visit. Staff were confident in their roles and felt they had the management support to be able to undertake their roles efficiently.

Staff were aware of the service's values and said they encouraged people to become more independent with a view to progression to supported living.

The service manager undertook monthly audits of medicine records, care plans, risk assessments nutritional plans and staff duty rotas to monitor the service people received and drive improvement. These records were dated and signed to indicate that they had been reviewed and changes were recorded and updated as appropriate. This ensured that staff had access to the most up to date information to support people.

The registered manager visited the home regularly and spoke with people about their care and treatment and anything they wished to discuss. They spent time with the service manager reviewing all aspects of the home and the way it was managed. This identified any additional support they may be required to improve experienced for the people who lived there. They undertook health and safety audits and infection control audits to ensure the safety and wellbeing of the people living in the home, people visiting the home and to promote a safe working environment.

External care reviews were undertaken by the local authority which contributed to the quality auditing process. External medicine monitoring was also in place to drive improvement.

The service manager provided with feedback from service user surveys, which were undertaken annually to gain people's views about Orchard House. The last survey was undertaken in August 2016. People gave positive feedback regarding their care and treatment, and were extremely happy with the environment, the food, staff support and how they we kept safe. Any improvements required from the survey were mat by November 2016. For example more support was identified for a person to access more community facilities which had met.

People were included in how the service was managed. They told us they had weekly meetings and discussed issues that mattered to them. They also discussed if people had been inconsiderate of each other and how to resolve these issues. For example not shouting or making sure they cleaned the shower after use to consider the next person. These were reviewed at the following meeting

Staff were involved in how the home was run. Staff had the opportunity to meet daily at handover as a team to discuss general information and any issues or concerns that occurred during the shift. They told us the service manager would use the staff handovers to inform them of information change either to people of the management of the home. Formal staff meetings took place. The service manager said meetings provided the staff with the opportunity to talk about daily issues, holidays and more recently, Christmas arrangements and staff cover over the festive period. We saw minutes of these minutes were positive and informative.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was displayed in the home so they would know how to respond if they had concerns they could not raise directly with the registered manager.