

Orchard Vale Trust Limited

Northcroft

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

About the service

Northcroft is a residential care home that provides personal care for up to eight people with learning difficulties, mental health, autism and other complex needs. At the time of the inspection eight people were living at the service. Some people had limited verbal communication, so we captured some of their experience through observations.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People told us they were happy living at the home and they felt safe. All people were comfortable in the presence of staff. Medicines were administered safely. Risks had been identified with ways to mitigate them in place. Records and processes around the management of behaviours were in place.

The provider and management had completed a range of audits to identify concerns and issues at the service. They strove to be open and constantly develop and improve the support people were received. When systems had identified issues, actions were being taken to rectify them. The registered manager was aware of their responsibility to notify the Care Quality Commission of certain events in line with their statutory obligations.

People were supported by enough staff to meet their needs and allow them to actively participate in the community. Staff had received a range of training including specialist in health and social care. People could participate in the training if they wanted to learn more about a specific topic.

People had care plans which were extremely personalised and provided a range of information for staff to use to support their needs and wishes. There were good links with other health and social care professionals which was important due to the complex needs of those living at the home.

Staff were kind and caring and knew the people living at the home incredibly well. Staff respected privacy and dignity throughout the inspection. Strong links had been developed with the community which had a positive impact for people. Independence was promoted, as were the values of treating each person as an individual.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 26 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Northcroft

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Northcroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection took place on 2 August 2019 and was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with eight people who used the service. We spoke with the registered manager, the operations manager and the chief executive officer who was also the nominated individual. The nominated individual is

responsible for supervising the management of the service on behalf of the provider. We also spoke with two members of staff and one regular agency staff.

We looked at three people's care records. We observed care and support in communal areas. We looked at two staff files. We looked at information received in relation to the general running of the home including medication records, auditing systems, policies and procedures, and environmental files.

After the inspection

During the inspection we asked for further information including about training. The registered manager also sent additional information in relation to their service. All the information was provided in the time scales given and the information has been included in this report.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and staff were keeping them safe. One person said, "Staff would not let any harm come to us". Another person said, "I feel safe when staff are here".
- Staff received training in how to recognise and report abuse which helped to keep people safe. Staff told us they would be comfortable to report concerns to the registered manager. All were confident that action would be taken to protect people. One member of staff commented, "I would go straight to the manager. Definitely something would be done. 100% confident."

Assessing risk, safety monitoring and management

- People were supported appropriately when they had a risk of behaviours which could challenge themselves or others. Staff promoted ways for people to manage their anxiety. One person told us about the breathing and counting techniques they used. Behaviours were monitored so patterns could be identified, and actions taken to reduce the likelihood of them reoccurring.
- People were enabled to take risks which promoted their independence. For example, one person liked to go out without staff support. A risk assessment outlined the person's ability to cross roads safely and to recognise bullying and take appropriate action. The person carried a mobile phone which staff checked was charged and in credit. When we met this person, they told us how much they enjoyed going out to meet friends and family.
- People received their care and support safely because staff followed risk assessments. For example, one person had been assessed by a speech and language therapist regarding the support they required to eat their meals. Staff we spoke with were following the advice to promote the person's safety.
- Systems were in place to keep people safe in relation to any health and safety risks. For example, the water was checked for a specific type of bacteria and regular fire alarm practices were held.

Staffing and recruitment

- Risks of potential abuse to people were minimised because the provider had a robust recruitment process which made sure new staff were thoroughly checked before they began work. Checks included seeking references from previous employers and carrying out a Disclosure and Barring Service (DBS) check.
- People living at the home were involved in the recruitment of new staff. This helped to make sure people were able to have a say in the staff who would be supporting them. One person said, "Sometimes I get involved in interviews" and explained they give prospective staff a tour of the building.
- There were sufficient staff employed to keep people safe and to meet their needs. When there were staff vacancies the provider used regular agency staff who were able to provide consistency to people. One person said, "They [staff] are a very good team". One member of staff said, "We always have enough staff to do things with people."

Using medicines safely

- People who required support to take prescribed medicines had their medicines administered safely by staff who had received training in this area. Staff told us they were not able to handle medicines until they had completed training and had their competency assessed by the registered manager.
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. There were protocols in place for when these should be given to promote people's well-being. Records showed these medicines were being administered in accordance with guidelines and not routinely.
- Staff kept clear records of medicines administered or refused by people. This enabled the effectiveness of prescribed medicines to be monitored.

Preventing and controlling infection

- People were protected from infections spreading because there were systems in place. All people were encouraged to participate in keeping their home clean. They regularly spent time cleaning their bedrooms and communal areas. Throughout the home it was clean and smelt fresh.
- Staff had access to gloves and aprons to protect them and reduce risks of infections spreading. They had access to a range of mops which were colour coded to different areas of the house.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong, and this led to systems changing. Recently, there had been a significant incident, and this had led to a provider level investigation. The outcomes and learning were shared with all homes owned by the provider.
- When incidents occurred in the home the situations were reflected with staff and people within debriefs. If it was identified something could be improved, then action was taken. One person had recently become distressed. Staff and the person had spent time talking through how they could help prevent it in the future. Their care plan was updated in line with these discussions. This included liaising with other health and social care professionals and the person's parents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed and care plans were created to give staff guidance about how to meet people's needs. People were fully involved in writing their care plan if they wanted to be. This made sure it reflected their wishes and preferences.
- When people's needs changed care plans were updated. There were regular discussions with people by key members of staff to ensure they had captured up to date information.
- Staff received regular training which helped to ensure they were practicing in accordance with up to date guidance and legislation. The provider disseminated information amongst all the managers when any changes had been identified by them.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and experience to meet their needs and wishes. One person was so interested in learning about other people's needs they had undertaken some of the training the staff had done. This helped them have a better understanding of the people they lived with.
- All staff undertook an induction programme when they began work to make sure they had the ability to safely support people. Agency staff also said they had a good induction to the home, and the people who lived there.
- Staff were able to undertake nationally recognised qualifications in care which helped to ensure they were competent in their roles. One member of staff said, "Training here is good."

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

- People were involved in planning and preparing meals. During the inspection we saw one person helping to cook the evening meal. One person told us a cookery group was held once a week and people cooked a full meal for others at the home.
- People had choices about the food they ate. Most people planned a menu together but where people chose alternative meals this was respected. One person had recently struggled to be part of the menu discussions. Staff created a different weekly system for them to choose their meals.
- Links had been developed with the local community around food and the service was part of a scheme which delivered food. People spoke excitedly about the prospect of not knowing what ingredients they could cook with each time.

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

- Northcroft was a large older style house which had been extended to meet the needs of people who lived

there. This included, providing ground floor accommodation for people with mobility difficulties. One person said, "A rail was put up at the front of the house. We can hold onto the rail now".

- The home had been personalised with pictures showing important events and activities for the people. People were proud to show us and talk about the pictures. Bedrooms had been modified to reflect people's individual tastes and needs.

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

- People were supported to make decisions about their healthcare. One person's care file contained a letter inviting them to an NHS health screening. There was evidence this had been discussed with the person and they had decided to decline the appointment.
- People had access to a range of health and social care professionals to promote good health and respond to acute illness. Records showed people attended annual health checks, regular dental and opticians' appointments and GP visits when needed.
- People were encouraged to think about how to live healthy lives. A health professional had led a six-week course with people to help them reflect on their well-being. All people gained a certificate and a better understanding about healthy eating. One person unable to participate in the main group had the information adapted and delivered to them by the registered manager. The registered manager had liaised with the health professional to ensure the information shared was accurate. One person joked with us they had told off a staff member from another of the provider's homes for using a pre-prepared jar of sauce for food.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff always sought consent from people prior to supporting them with their care. All the people agreed they were consulted prior to staff supporting them.
- When people lacked capacity for a specific decision, or the staff were not sure, statutory guidance had been followed. One person had recently been involved in a situation which meant their capacity was questioned around a specific decision. A speech and language therapist had been consulted to support the staff to follow the correct process.
- People had access to advocates to act as their representative and voice if they were struggling to express themselves. One person had recently started being visited by an advocate.
- Systems were in place to manage DoLS when people lacked capacity and had their liberty restricted.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People lived in a home where there was a culture of respect and valuing each other. One member of staff said, "[Registered manager's name] has a wonderful attitude which filters through to all staff. People are respected and treated like individuals." One person told us, "Staff are kind and treat you right." Another person said, "staff are very nice" and continued, "They are dedicated to the job".
- People's religious and cultural beliefs were acknowledged and respected by staff. One person was supported to attend specific religious meetings and there was information in their care file to help staff to understand their belief. Two people had been supported to have a ceremony to celebrate their long-term relationship. They proudly showed us the photo album of the event.
- Staff had received compliments about the standard of care they provided. One relative had written to the registered manager stating, "Thank you for helping [person's name] to have such a full life." Another relative had written, "We have every confidence in the staff and thank them for taking such good care of them."
- Special arrangements were made when people needed additional support. One person had needed a medical procedure and displayed high levels of anxiety. Staff and the registered manager had arranged for the person to be taken in a limousine to the hospital. The person thought it was, "The best thing ever" and staff followed in cars behind. The procedure was successful, and the person was looking forward to the next one.

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

- People were able to make choices about their care and support. These were respected by staff. One person had a visual way to let staff know how they were feeling every morning. This was important because staff adapted the support they gave in line with this information.
- People were fully involved in planning their care and support. One care plan we read had been mostly written by the person and others showed how people had been involved in decisions about the support they received.
- People attended household meetings to make sure they were involved in decisions about the home. Minutes of meeting showed people were involved in discussions about general household business and activities.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Each person had a bedroom which they could lock if they chose to. Where people had formed personal relationships and chose to share a room staff respected their privacy.
- People were supported to maintain contact with those important to them such as family and friends. One

person was supported by staff to write a weekly email to their parents. Other people regularly spoke with their family on the telephone, had visits from them and went to stay with them.

- The registered manager and staff promoted independence for people. People told us about all the things they did with minimal staff support. Two people went out regularly and staff kept a distance, so they could have some time alone together. Another person attended a walking group regularly with, "No staff. They drop me off and pick me up".

- When there were barriers to remaining in touch with important people staff made special arrangements. One person had a relative who was no longer able to visit them. Staff had put measures in place to ensure the person could still visit their family member.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had their own interests and routines. They were able to make choices about their day to day lives. Staff told us they respected people's choices and we saw this was reinforced at a staff meeting. One member of staff commented, "Everything is completely their choice."
- Care was personalised to each person. Everyone had a care plan which gave information about their needs and their likes and dislikes. Pictures and other visual communication strategies were used to help people to be involved and understand their care plans.
- Issues were fully discussed with people to help them to make decisions. For example, one care plan showed the benefits of seeing a specialist professional had been discussed with them. Staff had respected the person's decision.
- Care plans contained information about people's aspirations and learning. This helped staff monitor how people were progressing whilst living at the home including towards independence. It also helped them plan with the person for the future.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Systems were in place to explore ways to share information in an accessible way to people. Some people had visual timetables using symbols or pictures to help them navigate their way through the day. One person had a now and next board to help them understand what was happening.
- Links had been developed with speech and language therapists to ensure information was communicated in a way a person understood. When staff were having difficulties, they could seek advice about other methods of communication.
- Care plans contained communication profiles to make sure staff had the information they required to support people to make their views known.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People participated in a wide range of activities both within and outside of the home. These were aligned with people's hobbies, needs and interests. One person told us they liked going swimming and said, "I like splashing".
- Activities were arranged to support people developing employment opportunities. Two people had been

part of a gardening project where they visited people's homes and helped to maintain their garden. The aim was for it to lead to some form of employment in the future. Another person was looking into setting up a laundry business based on their interest and learning in the home.

- We heard how different people took part in different activities including; sailing, karate, attending the gym, Zumba classes and watching live music. Some people preferred a quieter life and liked to spend more time at home or shopping with staff.
- Staff supported people to plan to access a variety of resources in the community. This included membership to a well-known organisation, so people could visit the homes and gardens. Attendance to the pub was another activity that they had been developing community links including quiz nights.
- People were supported to go on holidays. They were fully involved in helping to plan where they were going and what they were going to do. One person recalled getting very wet during a holiday whilst sight-seeing. Another person talked about a holiday they had recently been on and what they had seen including a range of animals.

Improving care quality in response to complaints or concerns

- People told us they would be comfortable to make a complaint if they were unhappy about any aspect of their care. One person said, "If I was worried about anything I would go straight to staff and they would sort it out." Another person told us, "Staff are very helpful" and knew they could speak to them if there was an issue.
- The registered manager and provider took all complaints seriously and acted to address issues raised. For example, one person complained about the temperature of their room. In response to this a thermometer had been provided to help them to gauge the temperature and adjust the heating. Another person complained about food and they were able to plan a personalised menu to address their issues.

End of life care and support

- At the time of the inspection no one was receiving end of life care. People's end of life wishes were discussed with them and recorded to make sure their wishes would be respected. End of life care plan information was extremely personal and included what people wanted if they were very ill and what they wanted to happen after their death. It was clear people had been the driving force of their plans.
- Respect was shown to support people about end of life. One person had a memorial garden set up in the main garden. This was so they could remember a family member who had passed away. They were fully involved in maintaining the garden and chose what was in it.
- Links had been developed with the local hospice. This was to make sure staff and people were given appropriate support when a person was nearing the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke highly of the registered manager. One person said, "[Name of registered manager] is doing a grand job. She has turned the house around". Those who had minimal verbal communication clearly had a positive relationship with the registered manager. They were comfortable in their presence.
- The registered manager had a clear ethos in the home which all staff and people were aware of. They told us, "People live the lives they choose" and explained it was all about the person being at the centre of their care and support. The registered manager and provider created a person-centred atmosphere that respected people as individuals and helped them to fulfil their aspirations. Throughout the inspection we heard how different people lived different lifestyles according to their wishes.
- The registered manager promoted a culture of respect and care for people. One member of staff told us, "There a good culture. Very personalised care is really implemented here." Another member of staff said, "It really is the people's home. Nothing is regimented."
- Staff morale was good which helped to create a happy environment for people to live in. Staff said they enjoyed their jobs and felt well supported by their manager. One member of staff said, "It's the best manager I've ever had, really supportive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider were clear about their legal responsibilities in relation to the duty of candour. They all clarified their position during the inspection and explained how important it was to be open and honest with people and those important to them.
- When things went wrong the management wanted to be transparent with people and those important to them. They had demonstrated their openness following a recent incident where family members were fully involved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to demonstrate the management had understanding about monitoring the quality and risks of the service people received. When they had identified improvements were required action was taken. For example, they had recognised the quality of staff supervision required improvement. An action plan was in place to demonstrate how this was going to be achieved.
- The provider was aware of their legal responsibilities to notify the Care Quality Commission in line with

their statutory obligations.

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

- People were involved in decisions about their care and the running of the home. People were part of the interview process for new staff and had regular meetings to discuss household business.
- Staff views were seen as important and the management strove to have staff working for them for a long period of time. When staff left exit interviews were held with the staff member to identify the reasons for leaving and if anything could be done better.
- Surveys were regularly sent out to people, their relatives and other professionals to seek comments about the service. Comments came back like, "Excellent staff know a great deal about the residents and how best to support them" and, "From my observations I believe that residents are treated with respect and dignity".
- Staff also were also asked to complete a survey by the provider. Most staff said they either strongly agreed or agreed to enjoying their current job. They also agreed there is a strong team spirit within their work teams and feel encouraged to be innovative and creative in their work.

Continuous learning and improving care

- The registered manager and provider strongly believed in continuous learning to improve the care and support people received. When significant incidents had occurred, they had reflected and put things in place. For example, all management were currently completing some high-level safeguarding training. This was in response to learning lessons from a recent event.
- The registered managers from all the provider's services regularly liaised and learned from each other to increase their specialist knowledge.
- The provider valued the staff which promoted them wanting to constantly drive improvement in care. Every year there was a weekend event so as many staff could participate as possible.
- The registered manager regularly found ways to increase their understanding and demonstrate continuous learning. Recently, they had signed up to attend an event about a medical condition which could impact people using the service.

Working in partnership with others

- Strong links had been developed with the local community. This had provided a range of opportunities for the people. For example, those potentially developing businesses in gardening and laundry.
- There was a positive relationship with the provider's other services. During the inspection most people attended a barbecue at one of the provider's other homes. All people who attended came back saying how much they had enjoyed this.
- The management and staff were constantly sourcing ideas to enrich people's lives by building links. They had organised well-being projects and sourced an exciting way of getting food for the home.