

Satash Community Care Project Limited

Orchid

Inspection report

51 Mollands Lane
South Ockendon
Essex
RM15 6DH

Tel: 01708851189

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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

Orchid is a residential care home providing personal care without nursing for up to four people with learning disabilities. At the time of inspection, three people were using the service. The service is set on one level with large gardens in a residential area.

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

A relative told us, "The staff go out of their way to meet [person's name] needs. They can do what they want as long as they are not at risk, the staff make sure they are safe. I always get lots of photographs sent to me of the activities and see how much of a good time they are having."

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People's Medicine was dispensed by staff who had received training to do so.

The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

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.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for people.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff promoted people's independence through encouraging and supporting people to make informed choices.

People and their relatives and advocates were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner. People were supported to make plans for the end of their life.

The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection The last rating for this service was Good (last report published 10 May2017).

Why we inspected

This was a comprehensive inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Orchid on our website at www.cqc.org.uk.

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 ●

Orchid

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

The inspection team consisted of one inspector. We inspected on 15 October 2019.

Service and service type

Orchid is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 who was in the process of becoming 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 was unannounced.

What we did before the inspection

Before the inspection, the provider completed a Provider Information Return (PIR). 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 reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. We used all this information to plan our inspection.

During the inspection

We communicated with three people and two relatives and observed interactions with staff. We spoke with the registered manager and two care workers. We reviewed two care files, medication records and information held in relation to the running of the service such as audits, training programme, meeting minutes and a staff file.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "I would report anything to my manager, if I was not happy with how it was dealt with I would go to the local safeguarding team or CQC."
- The registered manager clearly displayed safeguarding guidelines for staff to follow if they had a concern and these detailed how staff could report concerns to external authorities.
- A relative told us, "I feel it is a safe place, I have peace of mind that [person's name] is safe there."

Assessing risk, safety monitoring and management

- Staff undertook risk assessments to keep people safe. These assessments were person centred and aimed at maintaining people's independence. For example, how staff could support people with accessing the community safely managing such things as road awareness.
- People were cared for in a safe environment. The registered manager completed regular audits of the environment to make sure this remained safe for people.
- Regular fire evacuation drills took place with people and each person had a personal evacuation plan in place. Risk assessments were in place if people used emollients to minimise the risk to them from fire.

Staffing and recruitment

- People received care from a consistent staff team who had the skills to deliver high quality care. The registered manager told us it was important for people that they had a consistent team who knew their needs, they were fully recruited for staff and did not need to use an agency.
- We saw people were very comfortable in the company of staff. Relatives spoke very highly of the staff, one said, "The staff have taken time to get to know [person's name] very well and knows all their needs."
- The registered manager carried out checks to ensure staff were suitable to work with vulnerable people. These included references and checks of the Disclosure and Barring Service, a national agency that keeps records of criminal convictions

Using medicines safely

- People continued to receive their medicines safely. Staff had received training on how to manage and administer medicines.
- The registered manager believed in working within the principles of STOMP (Stop over medication of people with learning disability). This is an NHS initiative to reduce unnecessary psychotropic medication. STOMP is about helping people to stay well and have a good quality of life. People only received medication

for physical health concerns at the service, which were regularly reviewed by their GP.

- The registered manager had put systems in place to closely monitor medication to ensure people received their medication safely. Medication charts we reviewed were in good order.

Preventing and controlling infection

- Staff had received training in infection control and had access to personal protective equipment (PPE) such as gloves and aprons.
- The service had cleaning schedules in place and appeared clean throughout.
- The registered manager had put policies in place for staff to follow in the event of an outbreak of an infectious disease such as norovirus.

Learning lessons when things go wrong

- The manager had systems in place to learn from risks, significant incidents or accidents at the service.
- Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers

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 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's needs were assessed, and care, treatment and support were delivered in line with current legislation and evidence-based guidance that achieved effective outcomes.
- People their relatives and advocates were involved in reviewing their care to ensure it met their needs.

Staff support: induction, training, skills and experience

- People continued to receive effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care.
- New staff were given a full induction to the service and worked alongside experienced members of staff when they first started. Staff who were new to care, were supported to complete the care certificate, an industry recognised induction and training course to equip staff with the skills they need to provide care. One member of staff told us, "I have had a good induction, I feel very supported. I completed training before I started and shadowed other staff for two weeks. I am completing the care certificate."
- Staff had regular supervision meetings with the registered manager to support their development. The registered manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed. The registered manager often worked as part of the shift, this enabled them to supervise staff and keep up to date with the changing needs of the people they supported.

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

- Care plans detailed people's nutritional needs and staff had the information they needed to support any special diets. Where appropriate, people had adapted equipment to help them to eat independently.
- Staff monitored people's weight for signs of changes and where necessary, referred people for medical assessment.
- People and staff met weekly to plan meals together. Staff prepared and cooked most meals, but people were encouraged to assist if they wanted to, so that they could develop their skills.

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

- Each person had a health action plan and a health passport that would go with them to any healthcare appointments.
- People were supported to access healthcare support from GPs, learning disability specialists, medical consultants and dentist and opticians.
- Staff made prompt referrals to make sure people were getting all the support they needed. One relative

told us, "[Person name] did not want their teeth brushed. I spoke to staff and they made a dentist appointment straight away, who found a big ulcer, which had been causing pain."

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

- The service was based in a residential area. The service was spacious with different areas people could spend their time in. Each person had their own large room which had been decorated and personalised how they wanted. There was also access to a large garden with seating, raised flower beds and a trampoline.
- Since our last inspection a summer house had been added to the garden which had been furnished as a sensory room for people to use. One member of staff told us how one person liked to take their mum out there when they visited to spend time with them.

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in MCA and DoLS. Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities.
- Appropriate applications had been made to the local authority for DoLS assessments. The registered manager supported people to access advocates when appropriate, these are independent people who support people to ensure their rights and best interests are being protected. This told us people's rights were being protected.

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 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's equality and diversity needs were identified and recorded in care plans to ensure their individual preferences and needs were being met.
- One relative said, "[Person's name] care has been exemplary, staff are caring and attentive." Another relative said, "Staff know [person's name] as a person, they are very understanding and patient."
- We observed people had good relationships with staff, staff showed patience and understanding. They took time to interact with people and to look for facial expressions or hand gestures as a means of communicating and listened to the people they supported. We saw people were smiling and happy seeking out the company of staff.

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

- People and relatives were involved in planning their support needs. Care plans were very person centred and provided staff with all the information they needed to support people.
- One relative told us, "I have a copy of the care plan and we discuss if any changes are needed. The staff are good at communicating with me."
- Each person was allocated a member of staff as a key worker to support them and work with them to ensure they were comfortable and had everything they needed.
- Care plans were regularly reviewed with the involvement of people, relatives and other stakeholders such as social workers and advocates to ensure people were receiving the right level of support.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they tried to support people to develop daily living skills and build on their independence. One member of staff said, "I can see small differences in what people are able to achieve since I have been here." They gave examples of people participating more at meal times and with doing their laundry.
- Staff respected people's privacy and treated people with dignity and respect. Each person had their own large room that they could access at any time. However, staff told us people preferred to socialise together and with staff which we saw throughout the day.
- We saw one person had a picture rota in their room which the staff updated every evening so that they knew which staff would be supporting them the following day. The registered manager told us this had helped to lessen their anxiety about who they would have supporting them.
- Staff knew people well including their preferences for care and their personal histories. People were supported as individuals to enhance their quality of life, this included respecting their age, sexual

orientation, cultural and religious needs. The registered manager told us they supported some people to go to church when they wished to go.

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 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

- Before people came to live at the service a full assessment was completed to ensure their needs could be met.
- Care plans were person centred and included information on people's background, hobbies and interests, likes and dislikes and preferences on how they wished to receive their care and support.
- Care plans were regularly reviewed to ensure staff had the most up to date and relevant information to support people. People, their relatives, advocates and other healthcare professionals were involved in reviewing care when appropriate.

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.

- Where people had communication difficulties, we saw they had support from speech and language therapist (SALT). We saw their recommendations were embedded into care plans.
- Care plans clearly documented the different ways to communicate people. This include specific words, sounds and gestures they may use and what they are trying to communicate.
- Some people communicated using Makaton a form of sign language with staff to make their needs known.
- Staff also used pictures and objects of reference to help some people communicate.
- We saw in people's rooms there were communication boards which were connected to an electronic device. This meant when people pushed on the communication board music they wished to listen to, this triggered a verbal recording instructing the electronic device to play the music. We saw people enjoying this independence to listen to their favourite music.

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 were supported to maintain contact with friends and family. Care plans identified important people and dates in people's lives and how they would like to be supported to maintain contact.
- Families and friends were able to visit people. A relative told us they used video calling everyday to stay in touch. People were supported by staff to visit their family and friends.
- Each person had their own interest and activities they enjoyed doing. This included attending clubs regularly in the community and going to college to develop their skills.

- Staff supported people to have trips out to places that interested them such as shopping centres. One relative told us, "They have a great social life going to discos as they love to dance to music."
- The registered manager told us they had facilitated for all the people to go on holiday abroad as this had been a goal people wanted to do. They said the initial holiday had been so successful that they have continued to go abroad on short breaks throughout the year. A relative told us, "The staff worked really hard in planning the holidays they worked up to it gradually, taking them to the airport to get used to the noise and to see what it was like, for a couple of months before the actual trip."

Improving care quality in response to complaints or concerns

- There was a complaints system in place which was accessible for everyone. Relatives told us they would raise any concerns with staff.

End of life care and support

- The service was not supporting anyone on end of life care. However, this had been considered in people's care plans and with relatives how people would wish to be supported.

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

- Staff placed people at the centre of the service. All care delivered was person centred and aimed to promote people's happiness and independence. One relative said, "This to me is a very special haven with super dedicated staff that go the extra mile. I would be happy to recommend the home."
- There was a positive culture at the service. One member of staff said, "We want to make people's lives as happy as possible, to support them to do the things they want to do and have as much independence as possible."
- People indicated to us they were happy at the service and were relaxed and comfortable with staff. We saw many photographs of activities and of achievements in people's lives, such as graduating college and holidays. This demonstrated people were experiencing good outcomes.

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

- There was a positive management structure in place which was open and transparent. Staff told us they felt very supported by the registered manager and provider. One member of staff said, "The support is very good, the manager is always around, or we have managers on call we can call."
- People benefited from a consistent staff team that worked together and understood their roles and responsibilities. Staff told us they worked well together as a team to support people. They had handover meetings every day and had staff meetings which included discussing people's care needs and progress.
- The registered manager and provider understood their responsibility under duty of candour to be open and honest if things go wrong.

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

- People were actively involved in improving the service they received. Each week people and staff met to discuss the running of the service and any issues they wished to discuss. We saw from minutes of meetings staff discussed with people such things as activities, going to college, trips out and holidays.
- The provider also asked for feedback from people, relatives, staff through questionnaires to gain views and opinions across all their services. Relatives told us staff were very good at communicating with them and keeping them updated on the running of the service or any care concerns.
- The provider and registered manager had made many links in the community, so that people could be

fully inclusive in activities held locally, such as clubs and churches.

Continuous learning and improving care, Working in partnership with others

- The registered manager had quality assurance processes in place. Regular audits were completed on all aspects of the service giving the registered manager and provider a good oversight.
- The provider arranged for independent external audits to be completed at the service, to check they were performing in line with regulations and drive continual improvements.
- The registered manager supported staff to continuously learn and develop their skills. This included supporting staff to obtain nationally recognised qualifications
- The registered manager worked in partnership with other healthcare professionals such as GPs and other organisations such as, colleges and social clubs to ensure people's needs were met and they had positive outcomes whilst living at the service.