

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

The Orchard Trust Domiciliary Care Agency

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	The Orchard Trust
Registered Manager	Mrs. Jillian Malsom
Overview of the service	The Orchard Trust Domiciliary Care Agency (DCA) provides support to people in their own homes. The majority of people the service supports are adults with learning disabilities, some of whom are part of the supported living scheme. The service supports people in two houses in Lydney.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We reviewed all the information we have gathered about The Orchard Trust Domiciliary Care Agency, looked at the personal care or treatment records of people who use the service, carried out a visit on 3 January 2013 and 4 January 2013 and observed how people were being cared for. We talked with people who use the service and talked with staff.

What people told us and what we found

People were asked for consent by staff supporting them. When one person said they would "rather manage their own medicines", staff had completed a 'self administration assessment' with them and had agreed how their medicines would be stored safely.

Staff demonstrated understanding of people's needs and gave examples of how they worked with individuals to promote their independence within their homes and the local community, while keeping them safe. People told us that they felt safe when supported by staff and they would be happy to talk to them if they had a problem. We observed that people were relaxed and confident in their interactions with staff and spoke openly with them. One person said "I just like living here. It's better than where I used to live". They also said they liked staff and that there were always enough of them to look after them.

Systems were in place to monitor the quality of the service people received.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. One person had recently moved into their new home and had started using the service. They told us that they had been involved in decision-making around these changes. Prior to moving they had been supported by their family, this included help to manage their medicines and assistance with personal care. Staff told us that this person had an established routine, so they let staff know when they wanted assistance. This person said they would "rather manage their own medicines". To make sure this was done in a safe way, a member of staff had completed a 'self administration assessment' with them and had agreed how medicines would be stored safely. Another person required help to administer their medication and told staff when it was due.

Care records reflected these conversations and where people had agreed to receive support from staff this was documented. Where possible some people had signed their care plans to indicate that they agreed with them. When accompanying one person to a medical or dental appointment staff always checked whether the person wanted them to wait outside. Staff told us that they usually accompanied another person during their appointments, as they preferred to have their support.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Records demonstrated that one person's capacity to consent to various aspects of their care had been assessed by the manager, in accordance with the Mental Capacity Act 2005. The provider may find it useful to note that the record of these assessments was limited to yes / no answers: No supporting notes were available to demonstrate how these judgements had been reached. We also saw that some people's important personal documents were stored at the agency's office. It was not clear why these were not stored at people's homes as there were no written agreements in place with people to support this practice.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care was planned and delivered in a way that was intended to ensure people's safety and welfare. Risk assessments had been completed around people's specific needs and activities. Records showed that these had been reviewed regularly and pictures had been used to make these more accessible to people. The provider may find it useful to note that actions identified to reduce risks and updates to people's routines were not always evident in care plans. We also found that the language and format used in care plans meant this information was not always accessible to people. This was relevant as staff otherwise followed a person-centred approach and worked effectively with people to promote their independence. The manager agreed that improvements were needed in care planning: They intended to ask staff who worked closely with people to be more involved in developing care plans in the future.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. Staff demonstrated good understanding of people's needs and gave examples of how they worked with individuals to promote their independence within their homes and the local community while keeping them safe. Having good community access meant that people were able to attend religious services if they wanted to and they were able to meet friends and form relationships. One person we spoke with told us about plans for them to work in a local café and about how they spent time with their friends.

People's care and treatment reflected relevant research and guidance. Staff told us that the people they supported had few medical needs but they had good access to healthcare. When a person had an appointment a family member may accompany them, if not a member of staff supported them as needed. Some people using the service had signed up to a slimming club and were now following a more healthy diet in order to reach a healthy weight. There were arrangements in place to deal with foreseeable emergencies such as fire. A protocol was in place for one person who had epilepsy, in case medical assistance was needed. All the staff we spoke with were clear about how they would manage emergencies and had completed relevant training.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Records showed that all staff had completed training in the safeguarding of vulnerable adults, which included an introduction to the Mental Capacity Act 2005. Three staff had completed additional training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

When we talked to staff about different scenarios it was clear they understood the principles of safeguarding people and they accepted that this was part of their role. Staff confirmed that they would feel comfortable raising any concerns with managers and they were confident that these would be addressed effectively. The staff we spoke with had some knowledge of which external agencies should be informed when an allegation had been made and they told us that a manager was on call to support them at all times.

People told us that they felt safe when supported by staff and they would be happy to talk to them if they had a problem. We observed that people were relaxed and confident in their interactions with staff and spoke openly with them. When people were supported by staff to make purchases, systems were in place to record and audit this.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The people we spoke with told us that they got the support they needed from staff. One person said "I just like living here. It's better than where I used to live". They said they liked staff and that there were always enough of them to look after them.

All the staff we spoke with felt that there was enough of them to support people's needs, including attending planned activities. One said there was "lots of lone working" but staff communicated well with each other and the on-call staff member "was always able to provide support". Another said, "There's definitely enough staff, we can get support if needed and there's always help available". The manager told us that they calculated staff hours based on the support people needed. If they needed more hours these would always be approved by the provider.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. An annual quality survey was carried out with people who use the service. This was presented in an easy read format where people could mark which picture indicated what they thought about each aspect of the service. The manager told us that they reviewed each response as it was received and acted immediately to address any shortfalls. Over the past six months the manager had also begun to use 'Reach Standards' with people. These standards were developed by several organisations including the Association of Supported Living, to ensure that people with learning disabilities could check the quality of their own support and housing.

Questionnaires for families had last gone out in November 2011. The manager told us that they were in the process of updating and reviewing this questionnaire before sending it out again. Themed quality audits had recently been introduced by the provider and had been carried out at other locations run by the provider. This service was due to be included in this quality monitoring activity in the near future.

'Tenants meetings' were held at both homes each month and minutes of these were available. These provided an opportunity for people to discuss all aspects of the service they received. One person we spoke to about the service they received said they "would recommend it" to others. An easy read complaints form was available to people. One complaint had been received by the service but this related to housing maintenance rather than personal care. This was passed on appropriately by staff and acted upon. No incidents or accidents had occurred that required investigation or action by the provider.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. Staff were clear about lines of responsibility within the organisation and knew when to involve senior staff.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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