

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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Tel: 01594861137

Date of Inspection: 28 January 2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ 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 looked at the personal care or treatment records of people who use the service, carried out a visit on 28 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with four people who use the service and reviewed the care records of four people. The records that we saw contained full and comprehensive assessments that had been personalised to people's needs. One person who used the service told us "I've been really well supported".

We saw that medicines were managed safely and that staff were trained to handle medicines.

We saw the training records and the training plan for staff. We spoke with two members of staff and one told us "the training is really good", and we saw evidence that staff were supported to perform their role.

We saw how the manager monitors the quality of service provision and how they sought feedback from people who use the service.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

The manager told us that prior to a person receiving services that a full and comprehensive assessment was completed in conjunction with family members and social services. We were told that people visited and met the other people who used the service over a period of time and that people who already lived there were consulted before somebody new moved in.

We were told that people who use the service had weekly meetings with support workers and we saw evidence of this when we saw agendas and minutes from these meetings. We saw that people were asked what they would like to eat and which activities they would like to take part in.

We spoke with four people who use the service and asked them how involved they were in their care. One person told us "I know there is a plan, and I have seen it" and another said "my plan is in the staff room". We saw the plans of four people; they were comprehensive documents containing information about the person, and what they liked and didn't like as well as detailing the kind of support they needed in order to be as independent as possible.

One person showed us around and showed us their bedroom. We asked if they had chosen how it would be decorated and they confirmed this. We also saw that people had personalised their own spaces with pictures and posters.

We saw that staff treated people with respect and that people were included and involved in decision making; as an example we saw people being involved in a decision about what to eat that evening. One person told us "I do my own washing and we take it in turns to cook".

All of the above showed us that people were treated with respect and involved in their own care.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We looked at the plans of four people and saw that they were personalised and that everyone had a goal plan in place that reflected their personal goals. We saw evidence of risk assessments, transition plans, finance risk assessments, medicines assessments and correspondence with other relevant healthcare professionals. We also saw daily records that contained details of activities, what the person had eaten, and medicine administration records.

Staff told us that they support people to live independently, offering assistance and advice when needed. One staff member told us "everything we do here is for the people who live here and about helping them to access the community and activities".

One person told us about a holiday to Spain and we saw photographs and spoke with a staff member who explained how staff had supported the person to take their first holiday abroad. We observed the interaction between support workers and people and could see that there was a good rapport; support workers and people were all on first name terms and there was a relaxed and friendly atmosphere. We saw that activities were based on people's preferences; one person told us "I go swimming and go out to my job" and another person told us that they had gone to the optician with their support worker that day. We were told that the provider had organised a ball in February 2014 and that people who use the service had all been invited. People told us they were looking forward to this and told us what they planned to wear.

We spoke with two members of staff and they were both able to explain the care and support needs of different people. It was clear from our conversation that they had an excellent knowledge of the content of the plans of people who use the service.

All of the above showed us that the care and welfare of people was planned in accordance with the person's individual wants and needs.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were handled appropriately.

We saw the provider's policy on medicines and medicines management. The policy stated that only staff who had undergone specific training were able to handle medicines and when we saw the training records of staff we saw that all staff working for the provider had completed the necessary training and this was further confirmed when we spoke with staff.

We saw assessments within people's care plans for when people had asked if they could self-administer their own medication. The manager explained to us how the assessment was completed and we saw evidence of people who had been deemed able to self-administer as well as people who had not. This showed us that the assessment was based on the individual person's ability.

Two people that we spoke with showed us their medication. One person told us that they self-administered their own tablets and staff confirmed that they would always check that this had happened. One person showed us their topical medication and told us "staff help me to put the cream on". We saw the medicines administration records for people and saw that staff had signed to confirm that medicines had been administered or self-administered in accordance with the prescription. We also saw that an up to date stock list of medicines was held within the person's care record.

The manager told us that people had an annual health check with the GP on an annual basis and that medication was reviewed then. We were also told that if staff had any concerns about medication or side effects that people had experienced that they had contacted the GP for advice. We saw evidence of any contact with GP's within the person's plan.

This showed us that steps had been put in place in order to ensure that medicines were handled safely and in accordance with local policy.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

We saw the provider's Induction Handbook that had been given to new staff. This contained relevant information and also contained assessments for new staff to demonstrate that they had consolidated their theoretical and practical learning. We were told that the induction was three months long and involved new staff "shadowing" another support worker, which was usually a Team Leader.

We saw the training matrix that detailed the training plans for individual staff members. The manager told us that the provider had their own training department and that the majority of training was classroom based. We saw that training included mandatory elements such as moving and handling, food hygiene, fire, first aid, safeguarding and medication administration as well as further training which could be accessed to gain more specific skills such as autism and NVQ training.

We saw the provider's policy that stated that staff received supervision four times a year and had annual appraisals. We saw evidence within staff records that showed that these had taken place throughout 2013. We spoke with two members of staff about the training they had received. One told us "I've completed Level three training in NVQ and mentoring" and "it's good that we have an internal training department because we have access to lots of topics". Another member of staff told us "the training is really good, you learn a lot and it's relevant to our role".

Both members of staff told us that they felt able to speak up during meetings and that they felt they were listened to. One staff member told us "we're really lucky; we work together as a team and support each other".

The manager told us that they held team meetings every two to three months and we saw the minutes of a meeting held in January 2014.

All of the above showed us that staff received training and support in order to perform their roles.

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.

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.

We asked the manager how they checked the quality of service provision and they told us that they performed quality checks, such as spot checks in people's homes, and reviews of care documentation. We saw that care plan documents were reviewed monthly and we saw evidence of other checks that were undertaken, including action plans based on findings. However, there was no formal audit plan for 2014 in place at the time of our inspection and we discussed the benefits of having such a plan with the manager. At the time of our inspection there was also no quality management policy in place and the manager informed us that this was currently being reviewed and was due to be issued this year.

The provider actively sought feedback from people who use services and we saw evidence of this. This included weekly "tenant" meetings, "tenant" surveys and surveys for family and friends of people who use the service. We were also told about a "trust the voices" group that the provider had implemented, members of which included people who use the service.

We read the provider's complaints policy and saw that a copy in easy read format was provided for people who use the service. There had been no complaints received during 2013.

We also reviewed the provider's accident book and saw that staff had reported accidents in accordance with the local policy. We saw how the details of accidents were used to improve safety; for example we saw that following a recurrence of one person tripping, that the manager had arranged for some grab rails to be installed.

We asked people who use the service what they thought about the quality of care. One person told us "I have been really well supported here" and another said "I'm not worried about anything but if I ever am I can speak to the Team Leader". All of the above showed

us that the manager monitored the quality of service provision and actively listened and acted upon feedback from people who use the service.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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