

Thornleigh Camphill Communities Ltd

Orchard Leigh

Inspection report

Bath Road
Eastington
Stonehouse
Gloucestershire
GL10 3AY

Tel: 01453823811

Date of inspection visit:
12 September 2018
17 September 2018

Date of publication:
28 November 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was completed on 12 and 17 September 2018 and was unannounced.

Orchard Leigh is a supported living service and is a part of the Thornleigh Camphill Communities charity. Camphill is an international movement of communities in which disabled people can live and work. This service provides care and support to people living in four separate supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. There were 21 people receiving the regulated activity of 'personal care' from Orchard Leigh at the time of the inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run

This home was registered under a new legal entity on 22 September 2017, when the provider changed the legal name of the company. There has been no change to the ownership or management of the home despite the change in legal entity. At the last inspection in June 2016, under their previous registration, the service was rated Good. This was our first inspection since registration of the new legal entity and at this inspection we found the service was Good.

Staff were exceptionally compassionate and kind, and were highly motivated to offer person centred care. People and relatives we spoke with told us, staff were outstandingly caring. Staff went over and above their role to ensure people were receiving a high level of service provision and did not become isolated due to the rural location of the service. The principles of respect, dignity, compassion and, equality and diversity were fully embedded in the service. People were treated as equals regardless of age, gender or personal beliefs.

The provider had anticipated that people would require a different service provision as they became older and worked innovatively to ensure Orchard Leigh could remain their home for life.

People received safe care and treatment. Staff had been trained in safeguarding and had a good understanding of safeguarding policies and procedures. The administration and management of medicines was safe.

There were sufficient numbers of staff working at the service. There was a robust recruitment process to ensure suitable staff were recruited.

The risk posed to people had been assessed and suitable action had been taken to minimise the risk posed to people using the service. Where people had suffered an accident, themes and trends had been analysed, and action had been taken to ensure people were safe and plans put in place to minimise the risk of re-occurrence.

Staff had received training appropriate to their role. People were supported to access health professionals when required. They could choose what they liked to eat and drink and were supported on a regular basis to participate in meaningful activities.

People were supported in a personalised way that encouraged them to be as independent as possible. Choice was promoted at all times and the service was working within the principles of the Mental Capacity Act (MCA). People were given information about the service in ways they wanted to and could understand.

The service was responsive to people's needs. Care plans were person centred to guide staff to provide consistent, high quality care and support. Daily records were detailed and provided evidence of person centred care. Where required, people were supported to make decisions about end of life care which met their individual needs and preferences.

The service was well led. People, staff and relatives spoke positively about the registered manager. Quality assurance checks were in place and identified actions to improve the service. The registered manager sought feedback from people and their relatives to continually improve the service. There was a positive culture throughout the service which focused on every individual being an equal contributor to the overall Camphill community.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient staff to keep people safe.

Medicines were managed safely with people receiving their medicines as prescribed.

Staff reported any concerns and were aware of their responsibilities to keep people safe from harm.

People were kept safe through risks being identified and well managed.

Is the service effective?

Good ●

The service was effective.

Staff received adequate training to be able to do their job effectively.

Staff received regular supervisions and appraisals.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA).

People and relevant professionals were involved in planning their nutritional needs. People's health was monitored and healthcare professionals visited when required to provide an effective service.

Is the service caring?

Outstanding ☆

The service was extremely caring.

There were excellent relationships between staff and people with staff putting people at the centre of their care

The registered manager and staff were committed to providing the best possible care.

Staff worked closely with people to maximise their

communication and be involved in their care, no matter how complex their needs, to be involved in their care and support.

All staff clearly showed that they understood what dignity and respect towards people meant. Staff worked hard to ensure these principles were upheld at all times.

People from all different backgrounds and beliefs were fully embraced. The diverse needs and beliefs of people and staff were fully respected and everyone was treated as an equal.

Is the service responsive?

The service was responsive.

Care plans clearly described how people should be supported and recorded people's likes and dislikes. People and their relatives were supported to make choices about their care and support.

There was a robust system in place to manage complaints. All people and staff were confident any complaints would be listened to and taken seriously.

People were supported to make decision about end of life care which met their individual needs and preferences.

Good ●

Is the service well-led?

The service was well led.

Staff felt supported and were clear on the visions and values of the service.

Quality monitoring systems were used to further improve the service.

There were positive comments from people, relatives and staff regarding the management team.

Good ●

Orchard Leigh

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection took place on 12 and 17 September 2018 and was unannounced. The inspection included looking at records, speaking to people who use the service, talking with staff and phone calls and emails to relatives and health professionals. The inspection was completed by one adult social care inspector.

We spoke with the registered manager of the service and eight members of care staff. We spoke with six people who used the service. We also spoke with four relatives of people living at the service and three health and social care professionals who have regular contact with the provider.

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "I feel very safe here". Another person said "No concerns. Everything is very good." The relatives we spoke with told us they felt their family member was safe and staff supported them well.

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures regarding safeguarding were available to everyone who used the service. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may be abusive. Staff notified other agencies which included the local authority, CQC and the police when needed. All the staff we spoke with had a good understanding of the provider's safeguarding policies and procedures.

People were offered external support from agencies such as; the advocacy service or independent mental capacity advocates (IMCA) to support them if required. These are individuals not associated with the service who provide support and representation to people if required.

There sufficient numbers of staff working at Orchard Leigh. Where people required one to one care and support this was provided. People, staff and staff rotas confirmed there were sufficient numbers of staff on duty and the same staff were consistently used to ensure continuity for people. Throughout our inspection we observed a strong staff presence in the service. People and their relatives told us they felt there were sufficient staffing levels to ensure people received care when they needed it. Staff told us the registered manager was always willing to support the care staff and was always on call.

We looked at the recruitment records of a sample of staff employed at the service. Recruitment records showed that relevant checks had been completed including a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character.

People were supported to take risks to retain their independence; these protected people but enabled them to maintain their freedom. We found individual risk assessments in people's care and support plans relating to their risk of falls, moving and handling safely and self-harm. The risk assessments had been regularly reviewed and kept up to date.

The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. The service had a central log for detailing these and there was a system to deal with each one as appropriate. The service could identify areas for improvement and lessons were learnt from each investigation. For example, where people had displayed behaviours which may challenge, these were investigated as to what had triggered the behaviour and what actions were required to minimise future incidents.

People's medicines were safely managed. There were clear policies and procedures in the safe handling and administration of medicines. Medicine administration records (MAR) demonstrated people had received their medicines as prescribed. Staff who administered medicines received training, observed other staff and completed a comprehensive competency assessment, before being able to administer people's medicines independently. People were supported to take their medicines as they wished. Each person had their own medicines profile which detailed what medicines they were taking, what these were for, their preferences in relation to their medicine administration and what support they required with their medicines.

Health and safety checks were carried out regularly to ensure the service was safe for people living there and any concerns were raised as required with the landlord. Environmental risk assessments had been completed, hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment, such as the fire system by external contractors. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills).

Staff completed training in infection control and food hygiene. This meant they could safely make people food as required and understand the procedures in place for minimising the risk of infections. We observed staff wearing gloves and aprons when supporting people with their care. The premises were clean and tidy and free from odour. The registered manager told us cleaning was completed jointly between staff and the people living at the home. The relatives we spoke with told us the all of the individual accommodations were clean.

Is the service effective?

Our findings

People said their needs were met. The relatives we spoke with commented that they felt staff were well trained and met the needs of the people using the service.

Staff had been trained to meet people's care and support needs. Staff received a mixture of online e-learning and face to face training. Training records showed staff had received training in core areas such as safeguarding adults, health and safety, manual handling, first aid, food hygiene and fire safety. We saw evidence that where staff training was due, they had been booked to attend the next available course. The registered manager told us all new staff were required to complete the Care Certificate. The Care Certificate is a set of nationally recognised standards to ensure staff new to care develop the skills, knowledge and behaviours to provide compassionate, safe and high-quality care.

All the staff we spoke with told us they had received good levels of training to enable them to do their job effectively. One person said, "The training has been excellent." Staff told us they were constantly encouraged to develop through further training. For example, where staff had progressed into management roles, they were supported to access further training relevant to their role.

The provider told us staff received an induction when they first started working for the service. The registered manager told us staff would be required to read the relevant policies and procedures before they worked any shifts. New staff were required to complete shadow shifts. These shifts allowed a new member of staff to work alongside an experienced member of staff whilst they were new to their role. The registered manager told us staff competence would be assessed before they could work alone. The staff we spoke with all confirmed that they had received a good induction.

Staff had received regular supervision. Supervisions are one to one meetings a staff member has with their supervisor. These were recorded and kept in staff files. The staff we spoke with told us they were well supported and they could discuss any issues with the management who were always available.

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 with appropriate legal authority. In supported living locations, these applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training on the Mental Capacity Act (MCA) 2005. Staff we spoke with demonstrated a good understanding of the principles of the MCA and were confident to carry out

assessments of people's capacity. Where required, people had assessments regarding their capacity to make decisions and these were clearly recorded in their care files. For example, where people lacked capacity, there was evidence meetings had taken place with their representatives to determine a care plan that was in the person's best interests. Care records clearly detailed consent had been sought from people when developing their care plan. Relatives we spoke with informed us that they were consulted in relation to the care planning of people using the service. Where people were potentially being deprived of their liberty, the relevant applications had been made to the appropriate supervisory body to authorise this.

Where required, care records included information about any special arrangements for meal times. People who had special dietary requirements had their specific needs clearly detailed in their care plans.

The registered manager told us they had guidance from health and social care professionals involved in people's care to plan care effectively. This was evidenced in the care files. For example, one person had complex nutritional needs. Their nutritional care plan had been developed in partnership with a Speech and Language Therapist (SLT) to ensure all risks were safely managed. Where required, people were supported to arrange and attend appointments with other healthcare professionals such as a GP or dentist. Health professionals we spoke with provided positive feedback about the service stating staff listened to advice and were proactive in seeking guidance.

All the supported living locations we visited were homely and welcoming, and had been adapted to meet the individual needs of people living at the service. We saw evidence that people had been supported to design and decorate their accommodation to individual preferences.

Is the service caring?

Our findings

There was a strong, visible person-centred culture. The service ensured that staff were exceptionally compassionate and kind, and were highly motivated to offer person centred care. This culture was reinforced by the registered manager and provider who set the example of going over and above what was expected of them.

People and relatives, we spoke with told us staff were outstandingly caring. They used words such as "Compassionate", "Excellent" and "Highly motivated" to describe the staff. People and their families spoke of a service that was tailor-made for them and their families saying that staff went 'the extra mile' to ensure that people lived the lives they aspired to. One person said, "The staff really care about us. We are like one big family." One relative said, "The staff go over and above. Staff will even come in when they are not working a shift to spend time with people."

The caring nature of staff was evident during the conversations we had with members of staff. Staff spoke passionately about their role and the people they support. One member of staff said, "I love working here. This is more than a job. The people living and working here are like family to me". The sentiment of people being in a larger extended family was shared by all of the staff and people we spoke with.

People told us they felt they received a very caring service and would recommend it to others. People confirmed staff went over and above their role to ensure people were receiving a high level of service provision. The service was located in a very rural area with the potential for people to become isolated. People using the service told us how staff would come in on weekends to do additional activities with people or spend time with them. They told us how one manager who lived on site would regularly cook for people and invite them over to their house for meals. People told us one member of staff would regularly visit people on Saturday evenings outside of their normal working hours and bring takeaway food for people. This enhanced people's sense of belonging to a wider community and that they mattered.

For another person who had recently passed away, we were told the staff they were closest to would spend extra time with the person and would also visit when they were not working a shift as this person neared the end of their life. Following the death of the person, the registered manager had organised a communal event in their memory. Staff had also planted a tree and had contributed to a bench in their memory. Other people using the service told us how staff would spend additional time with them if they were admitted to hospital to ensure they always had a familiar person with them at all times. People told us how this had reassured them and made them comfortable even though they were in an unfamiliar environment.

The principles of respect, dignity, compassion and, equality and diversity were fully embedded in the service. The registered manager told us part of the Camphill values was to embrace people from all beliefs and backgrounds. Staff and people confirmed Orchard Leigh was all about treating people as individuals and respecting the diverse beliefs and views of people. The registered manager told us how staff members who were in a same gender relationship had been embraced by the service. The registered manager told us how festivities had been arranged when these staff had their wedding as well as when they had their first

child. The registered manager said, "Camphill is about respecting diversity and promoting a close-knit community. We are very proud of the work we do to be inclusive to everybody." The registered manager told us how one person using the service did not understand some gender relationships. The registered manager told us how staff had worked closely with this person to access various forums and groups to understand people's different lifestyle choices and respect them.

The provider was sensitive to the changing needs of people as they were getting older and worked innovatively to ensure people would have a home for life. The trustees and registered manager had begun to assess the individual homes as well as looking at building further accommodation to meet the needs of people as their needs changed. For example, plans were being developed to build separate accommodation which would allow some people to move to a new property which would be more appropriate for their level of need. The registered manager told us this was done to minimise the need for people to move to residential care and remain at Orchard Leigh which they considered to be their own home. The registered manager said, "These people have been here for a large portion of their life and we want to do everything we possibly can to help them realise their wishes of remaining here. The fact that they are older and need more support shouldn't stop them for staying where they want to."

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was important as they did not want to de-skill people. Care files identified any areas of independence and encouraged staff to promote this. All the staff we spoke with could tell us how they would support people but support them to maintain their independence as much as possible.

It was evident from our observations that staff spent time with people discussing their care needs and gave them the opportunity to express their wishes. We saw that staff listened to people and worked hard to provide the level of support required by people. Relatives confirmed their family members were given choices by staff.

The registered manager told us people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. We were told this was done during the initial assessment prior to a person arriving at the services and then through regular meetings with the person and their families once their service had commenced.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us there was good communication from care staff and management who would provide regular updates regarding their loved one's care.

Some people living at Orchard Leigh had difficulties with communication. There were records available for all people in an easy read format and some with pictures. The provider had clearly considered the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people living with a disability or sensory loss are given information in a way they can understand.

Is the service responsive?

Our findings

Each person had a care plan to record and review information about their care needs. These care plans contained good levels of detail and were person centred. Each care plan detailed individual likes, dislikes and preferences in relation to their care. We found the care plans contained clear guidelines for staff to follow. For example, where people were at risk of displaying behaviours which may challenge. Their care plans contained information for staff which detailed their different behavioural states and how to support the person to manage their emotional well-being.

There was evidence of people's needs and care plans being reviewed regularly. It was evident from the care files we looked at that people, their relatives and other health and social care professionals were involved in developing and reviewing their care plan as required. Relatives told us they were invited to participate in reviews and felt their opinions were considered when planning care.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, people's care files contained a list of emergency contacts for staff to notify. Care plans also contained emergency packs which could be given to paramedics. These contained key information relating to the person's care needs so that they could continue receiving personalised care whilst at hospital.

The service was providing end of life care. Training records showed that all the staff working at Orchard Leigh had received training around end of life care. Where required, the service had worked closely with people and their relatives to develop end of life care plans. The end of life care plans that we looked at contained details of people's preferences in relation to their care and how they wanted their cultural and religious needs met.

The service had a process of managing and responding to concerns and complaints. A complaints policy had been developed which clearly detailed the responsibility of the service and how complaints would be responded to. The registered manager demonstrated a good understanding of the complaints policy and could outline how they would respond to a complaint. Where concerns had been raised, we saw that these had been managed appropriately.

The people we spoke with indicated that they were happy with the staff that supported them and felt they could raise any concerns they had. One person said, "I have no concerns but I am not scared to speak up if anything worries me." People and staff told us the service had implemented a suggestion box and they could raise any issues or make suggestions. People and staff we spoke with confirmed that these suggestions were taken into account when the service planned for the future. For example, suggestions had been made relating to refurbishment of some of the supported living houses. At the time of the inspection, work was ongoing to complete the refurbishment of two properties.

There were many compliments evidenced in a large file with letters, emails and cards. One person had written, "You all do an amazing job (Name of person) is so happy." One health professional who visited the

service regularly had written, "The ethos of how you support people is fantastic and people are supported in the right way." Staff told us the positive feedback was appreciated by the staff team as it recognised the good work they were doing.

Is the service well-led?

Our findings

The service had a positive culture that was person centred, open, inclusive and empowering. It had an excellent understanding of equality, diversity and human rights and put these into practice. Throughout our inspection, we found the registered manager demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high-quality service was provided, care staff were well supported and managed, and the service promoted in the best possible light.

We discussed the value base of the service with the registered manager and staff. The registered manager and staff told us Camphill was based around tolerance, respect and embracing people from all beliefs and backgrounds. The registered manager told us Camphill was a community where everyone was an equal contributor and treated equally. Throughout our inspection we saw numerous examples of how these values had been embedded in the service.

People and relatives spoke positively about the leadership and management of the service. Comments included; "The manager is fantastic. I can speak to them whenever I need to". Staff also spoke positively about the leadership and management of the service. The staff described the registered manager as 'being a part of the team' and 'very hands on'. One member of staff said, "Whenever I have needed any form of support, the manager has always been there for me."

Staff told us they had regular meetings with management. Staff told us how these enabled management to keep staff up to date with everything that was happening in the organisation. Staff also told us these meetings provided them with opportunities to make suggestions to improve the service. In addition to these, there were 'whole community meetings'. These were attended by management, staff and people using the service. The registered manager told us how these meetings were chaired by the people using the service who would also decide on the agenda items for each meeting. People told us these meetings provided them with a further opportunity to make suggestions regarding the service. For example, people had suggested the development of a games room. The registered manager worked closely with staff, people and relatives to arrange fundraising events for this. At the time of the inspection, we saw the funding had been secured and plans were being developed for the games room.

Quality assurance systems were in place to monitor the quality of service being delivered. These consisted of a schedule of audits including health and safety, record keeping and care plans. The registered manager and other members of the management team would carry out monthly audits of items such as care plans and medicine records. We saw that these audits were carried out as scheduled and corrective action had been taken when identified.

Surveys had been sent out to seek the views and opinions of people using the service. The registered manager told us where required, people would be supported by staff to complete surveys if people indicated a preference for this. The registered manager told us the feedback would be incorporated into the annual action plan.

The manager had a clear contingency plan to manage the service in emergency situations. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people.

The trustees and registered manager were clear on the challenges faced by the service. For example, we were told how the service had an ageing client group and they anticipated people's care needs would change as they aged. The trustees and registered manager had begun to assess the individual homes as well as looking at building further accommodation to meet the needs of people as their needs changed. For example, plans were being developed to build separate accommodation which would allow some people to move to a new property which would be more appropriate for their level of need. The registered manager told us this was done to minimise the need for people to move to residential care and, remain at Orchard Leigh which they considered to be their own home.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The manager investigated accidents, incidents and complaints. This meant the service could learn from such events.

The policies and procedures we looked at were regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.