



Inspection Report on

Orchard View

**Alexander House
Highfield Park
Llandyrnog
Denbigh
LL16 4LU**

Date Inspection Completed

9 November 2021

Welsh Government © Crown copyright 2021.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Orchard View

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Mental Health Care (Highfield Park) Limited
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service.

Summary

People living at Orchard View receive good quality care and support. The service is passionate about supporting people to increase their independence, daily living skills and take part in activities. Personal plans are person centred and very detailed regarding people's routines, preferences and how best to support them. People are able to share concerns and have their voices heard. Care staff and the management team are equipped with good levels of training, development opportunities and support. The responsible individual (RI) and the registered manager is committed in developing the service and working in partnership with others to improve and shape the future of the service.

Well-being

Whenever possible, people are supported to have control over their day-to-day life. People follow their own routines each day with support and encouragement from the staff team. The care staff we spoke to were familiar with people's individual preferences and these are recorded within people's care documentation. People told us their views and opinions are listened to and they are able to raise any concerns with the staff team or management. People can access independent advocacy support and complete monthly keyworker sessions with care staff.

People have positive relationships with care staff and are supported to achieve their personal outcomes. Care and support is personalised to enable people to achieve their personal outcomes. The 'outcome star' tool has been implemented by the service to help demonstrate independent progress that people are making. People told us they are happy at Orchard View and enjoy positive relationships with staff. Comments included "*staff look after me well*" and "*when I'm worried about anything I can talk to staff, they help me*". Care staff are enthusiastic about working at the service. Comments included "*I absolutely love my job and I am proud of our team at Orchard*" and "*my job is rewarding, I enjoy supporting people to achieve things, even if they may seem small to us*". Professional feedback was complimentary about the service and the approach used by both management and staff. The service was described as being "*open and transparent*".

People are safeguarded and protected from harm. Care staff are trained in safeguarding and have policies and procedures to guide them. Appropriate recruitment checks are undertaken to ensure care staff are suitable to work with vulnerable people. We saw applications were made, and records in place in relation to Deprivation of Liberty Safeguards, (DoLS) for people who do not have the ability to make decisions about aspects of their care and support. The service makes safeguarding referrals when required and notifies CIW of notifiable events.

Care and Support

Personal plans reflect people's current needs and desired outcomes. Documentation is reviewed within the required timescales and there are systems in place to ensure people are involved in the review process. People we spoke with are happy with the care and support being provided. Personal plans include details of people's personal preferences, we found these preferences are valued and respected by staff and management. Further consistency in signing care documentation is required by care staff to confirm they have read the documents. People are supported to spend their time doing meaningful activities including daily living skills. We saw positive detailed examples of person centred care information recorded within daily diary reports but also identified more consistency was required by care staff when completing them. This will enable people and commissioning services to identify, compare and evaluate the positive progress made.

People have access to health and other services to maintain their ongoing health and well-being. Information within people's care files showed referrals and contact is made with various health and social care services. We saw these referrals were made in a timely manner and whenever people's needs changed. When required, care staff support people to access community based medical appointments and people also receive visits from health and social care staff.

Systems are in place to protect people who use the service. We saw people's body language and expressions indicated they felt safe and secure around the care staff who support them. People told us they feel safe and secure living at the service. Systems are in place to ensure people remain safe whilst promoting their independence. A safeguarding policy is available which informs staff of their roles and responsibilities in relation to protecting adults at risk from harm, abuse and neglect. Care staff receive safeguarding training. The staff team told us they understand the importance of reporting safeguarding concerns to ensure people are protected from potential harm and abuse.

Overall, the service has systems for medicines management. People receive their medication as prescribed by staff who are trained in how to administer medication safely. Medication is securely stored and audits are carried out to make sure people's medication is stored and administered safely. However, further oversight is needed at a management level to ensure audits are fully completed on a monthly basis, with any actions, if any, are addressed.

The service promotes hygienic practices and manages risk of infection. The service has an infection control policy and COVID-19 procedures in place. Discussions with care staff confirmed they are aware of the infection control procedures and we saw them wearing personal protective equipment (PPE) at all times.

Environment

Orchard View contains four individual apartments and one shared apartment. People showed us around their apartments which were clean and personalised in keeping with their wishes and preferences. Independent living is promoted with care staff available to offer support and encouragement as and when needed. Since the last inspection the service provider has invested and improved staff facilities. This includes installing a new management office at the back of the property. There are signs of general wear and tear in different areas of the home, which are in need of some attention including the outdoor area. During our visit, we were provided with evidence from the manager regarding the on-going maintenance work and schedule. We expect the service provider to continue to take action to implement these improvements and we will follow them up at the next inspection.

The service provider identifies and mitigates risks to health and safety. Environmental audits are regularly undertaken, with any hazards identified and addressed. The home has a visitor book in accordance with fire safety arrangements and visitor identity checks are undertaken. Visitors are also requested to complete a COVID-19 lateral flow test before commencing their visit. Fire safety documentation is in place including fire safety checks and drills. A desktop safety audit was undertaken on the 27 July 2021 by the fire and rescue service. We saw each person had an up-to-date personal emergency evacuation plan (PEEP).

Leadership and Management

People and staff have access to information. A statement of purpose (SOP) and service user guide (SUG) is available which accurately reflects the service's vision. Policies and procedures are accessible to staff and provide guidance and information to support them in their roles.

Staff recruitment is satisfactory in the service. We saw staff files have the necessary safety checks in place, ensuring staff's suitability to work with vulnerable adults.

The service manager has a visible presence in the home and was described by care staff as "*extremely supportive*", "*approachable*" and "*empathetic*". Care staff contributing to this inspection felt able to discuss any concerns they may have with the service manager or deputy. The staff team feel supported and have access to regular team meetings, receive regular supervisions and an annual appraisal. This ensures staff receive feedback on their performance and support to identify areas for training and development in order to support them in their role. Care staff have access to an on-going training programme. We noted some care staff are overdue their refresher training in some areas including Management of Actual or Potential Aggression (MAPA) which needs to be addressed. Training is an area the organisation is developing further.

People's needs are met in a timely and responsive way; however care staff and the management team are working additional hours on top of their contractual hours to ensure the service is staffed accordingly. The RI assured us that recruitment is underway and is one of the main priorities for the organisation.

Systems are in place by the provider to monitor the quality of the service provided. This is on an ongoing basis, in order to further develop and improve the outcomes for people who live at Orchard View. The RI and the senior manager are both visible and were described by staff as "*supportive*" and "*approachable*".

Arrangements are in place to ensure the service remains financially sustainable, and is able to withstand the challenges the Covid-19 pandemic has brought upon the service.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
44	There are signs of general wear and tear in different areas of the home both internally and externally.	New
44	The external grounds need to be appropriately maintained.	New

Date Published

14 December 2021