



Inspection Report on

Orchard House

**11a Norman Street
Caerleon
Newport
NP18 1BB**

Date Inspection Completed

11/01/2022

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About Orchard House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	National Autistic Society
Registered places	8
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection since the service was re-registered.
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 /children who use, or intend to use their service.

Summary

People and their representatives are happy with the service they receive and speak highly of the staff and management. People receive care as and when they require it, from a motivated and committed team of care staff. Care workers are provided with the necessary support and development to perform their role and feel valued by management. The home is well managed on a day-to-day basis but care documentation and administrative tasks can fall behind. People have control over their own lives and are able to make their own choices as far as possible. Referrals to health professionals are made promptly as required. The environment is clean, warm and welcoming. There are systems in place to manage people's medication safely. People have their own rooms, which are personal to them and contain their own belongings. Governance arrangements are in place that support the operation of the service. Completion of all screening and safety checks before any contract of employment is required, this is an area for improvement and we expect the provider to take action.

Well-being

People have control over their own lives and are able to make their own choices as far as possible. Care documentation contains people's preferences, likes, dislikes and social histories. Care staff and residents have positive relationships. Staff understand the needs of the people they support and deliver care in a respectful and dignified way. Inclusion events are held to give people the opportunity to change and improve the service provision. Different communication tools are used to enable people to engage positively and to have more autonomy and control. Activity planners are in place for each person, to provide routine and reassurance for some but others have choice on a daily basis. Each person supported has individual goal planning, which are reviewed and updated.

People are supported to remain as healthy as possible. Care staff try to ensure people eat and drink well. Appointments with health professionals are arranged for regular checks or if individual needs change. Staff recognise and respond to individuals emotional needs, especially if they are experiencing difficulties. A relative said, "*We are always told of any changes in how they are and what they are doing about it*".

There are measures in place to safeguard people from the risk of harm. Staff complete safeguarding training and regular refresher training. The provider has a safeguarding policy and guidelines for staff to follow. There are systems in place to record accidents and incidents. Where there are necessary restrictions made in people's best interests to manage their safety, these appear proportionate. Infection control practices have been strengthened in line with changes in guidance. The service policies and procedures are up to date in line with current guidance and legislation.

Care and Support

Care documentation within the service is comprehensive and person centred. The care provided is planned and designed through consultation with people, their families and professionals. Each person has a range of individual plans and associated risk assessments to support individuals' health and safety. The amount of information contained within each person's care file made it difficult to navigate and establish the timeliness of reviews and updates. The provider is in the process of introducing a new streamlined system to ensure information and guidance for staff is easily accessible and easy to follow. Care staff have a very good knowledge of people and are, therefore, able to notice any changes quickly and respond promptly.

People receive the support they require, as and when they need it. Daily records are reflective of the care and support provided to each person. Throughout the visit, we saw there were sufficient staff on duty to support people. Care workers provide care with genuine warmth and compassion. We saw staff responding to people's needs in a proactive and timely manner. One relative said, "*The service staff provide is excellent*". Care staff are confident in supporting people who are distressed or anxious. People and their representatives were complimentary about the support provided, communication from the management and the way the home is run.

There are effective arrangements in place for the safe management of medicine. Care staff receive training in medication and are assessed in competency before administering medication. Care staff we spoke with told us they feel confident in administering medication. Management have effective oversight of the medicine management system; we viewed documents, which showed records were accurate and checked by management. Medication is safely distributed, organised and stored. Medication policies and procedures are up to date and in line with current medication legislation.

Environment

The accommodation does not fully support people to achieve their personal outcomes. The service provider has plans to completely reconfigure and refurbish the property. To ensure individuals care and support is provided in an environment with suitable facilities and equipment to enhance independence. The pandemic and associated restrictions have delayed work commencing.

The location of the property encourages access to the local community and facilities. Individual goal planning for one-person included visits to the local shop to purchase their own snacks and drinks. Large, accessible and attractive grounds surround the property. Buildings within the grounds had been utilised during the pandemic to replicate community facilities when access was restricted, including a pub and shop. These facilities enabled people to maintain routines and activities.

Care staff are effective in ensuring any visitors to the building undertake infection prevention and control activities. Including temperature checks and checks for infection. Maintenance records show electrical, lighting and fire safety equipment testing. People's Personal Emergency Evacuation Plans' (PEEP's) are completed and accessible. Good arrangements are in place to ensure risks to people's health and safety are identified and dealt with.

Leadership and Management

Governance arrangements are in place that support the operation of the service. Systems in place inform the Responsible Individual (RI) and the senior management team of issues that occur. Monitoring systems in relation to people's care delivery and health and safety of the environment are completed. We saw there had been no formal complaints recorded in the last twelve months. The RI visits the service as required and produces a comprehensive report following their visit. The six monthly quality of care report we reviewed was not as comprehensive and required some revision. There are systems in place to ensure people, families and professionals can let them know what they think of the service provided. The feedback we viewed was positive. We saw evidence service policies and procedures are available, read and signed by care staff; this is an ongoing process where staff are provided with updates when developments occur.

We considered the staffing arrangements. We found sufficient staff numbers to support people receiving a service particularly for those who require individual support. Safe staff recruitment checks are in place, however one person did not have all required screening and safety checks in place before a contract of employment and their office based induction started. Newly appointed care staff receive induction and all staff employed receive regular and comprehensive training. Staff are provided with necessary support and development to perform their role. The training matrix we examined showed mandatory and a wide range of specialist training is available. A few members of staff were slightly overdue refresher training. Supervision records confirm care staff receive regular, individualised supervision. Team meetings should take place on a more frequent basis going forward, now restrictions have eased.

People benefit from effective leadership and management of the service. The model of care documented in the service's statement of purpose accurately reflects the support provided. This was evidenced through reviewing people's personal plans, discussing people's care and support with their relatives and representatives and through discussions with care staff. Staff told us that they feel valued and well supported in their roles. The manager is well regarded by the staff team, residents and their representatives. The manager is approachable and leads by example in running the service. The manager will provide hands on care and support on a regular basis, which can sometimes affect timeliness of administrative tasks being completed.

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
35	Screening and safety checks had not been fully completed before a contract of employment was	New

	given.	
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Date Published 21/02/2022