

Praxis Care

Rose Orchard

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Rose Orchard is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Rose Orchard accommodates five people in one adapted building. There were five people living in the home on the day of inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This inspection took place 19 July 2018 and was unannounced. We gave the provider 48 hours' notice of the inspection visit because we needed to be sure someone was available.

Rose Orchard 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.

People continued to be kept safe from staff who had the understanding in how to protect them from harm. Staff had identified potential risks to people and had put plans in place to support the person to reduce the risk without taking away people's right to make decisions about their care. There were enough staff with the right skill mix to support people's care needs. People were supported with their medicines in a safe way. Staff understood the importance of reducing the risk of infection to keep people safe.

People continued to have their care and support needs effectively met. Assessments and reviews of care were done regularly and alongside external healthcare professionals. People were supported to with their nutrition and hydration in a way which kept them well and healthy by staff who were competent to do so. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff treated people in a kind and considerate manner. People were treated with respect and their dignity and privacy was maintained. Staff helped people to make choices about their care and the views and decisions they had made about their care were listened and acted upon.

People received personalised care which met their needs in a timely way. People were supported to continue with their hobbies and interests which was in line with their preferences. The provider had a complaints process that was shared with those who used the service. The provider had not received any

complaints about the service provision.

People and their relatives were happy with the way the service was run. The registered manager worked alongside their staff team to ensure they were working within the providers values. The culture of the service was an open and transparent. People and relatives were listened to and had the opportunity to raise their suggestions and ideas about how the service was run. Staff worked well as a team and were supported by the provider to carry out their roles and responsibilities effectively, through training and regular contact with the registered manager. Staff felt involved in the service and said they felt able to share their ideas about the way in which the service was run. We found checks the registered manager and the provider completed focused upon the experiences of people to make sure there was a focus on continuous development.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Rose Orchard

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.

This inspection completed on 19 July 2018 was unannounced, which means the staff did not know we were coming. The inspection included speaking with people, relatives, staff and external health and social care professionals. We reviewed care records and policies and procedures. The inspection team consisted of one inspector.

We reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the Local Authority, Clinical Commissioning Group and Healthwatch to understand if they had any relevant information to share with us.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with one person who used the service and one relative. We spoke with two support workers, the assistant manager and the registered manager. We looked at aspects of two people's care and medication records. We also looked at recruitment records for two staff, staff meeting minutes, the providers audit and survey results from family and healthcare professionals.

Is the service safe?

Our findings

When we inspected the service in January 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

One person we spoke with confirmed they felt safe with the staff who supported them. We spent time in the communal areas of the home and saw the interactions between people and staff were comfortable and relaxed. Staff knew people well and how to protect them from harm. Staff knew how to identify abuse and how to report any concerns, including to outside agencies such as the local authority and the Care Quality Commission. Staff told us they would raise concerns if they needed to, including through the whistleblowing process. Whistleblowing is where staff can highlight poor practice without fear of recriminations. The registered manager worked with external agencies to ensure people were being kept safe from harm when concerns had been identified.

People who lived at Rose Orchard had complex care needs and staff understood the potential risks for each person and how to minimise these. Staff had identified risks that were individual to the person, this could range from risk of pressure sores, to risk of harm should a person have an epileptic seizure. Staff's knowledge around minimising risk was consistent with what we had read in their care plans. Staff could explain to us what they would do in an emergency to ensure people had the right support and treatment in a timely way.

One person told us staff were available when they needed them. We saw staff were visible within the communal areas and supported people with their care and emotional support needs. Staff told us there were enough staff on duty to keep people safe and meet their needs in a timely way. The registered manager explained that they had a stable staff team with staff who had worked at the service for a number of years and knew people very well. They told us they were actively recruiting for nurse and care staff positions where there were vacancies, and until these positions were filled consistent agency staff were used. Staff told us and the registered manager confirmed that the agency staff were consistent with the skills required to care for people with complex nursing needs. The registered manager knew people very well and understood the skill mix of staff they required to ensure people's care needs were met safely.

One person told us the staff supported them with their medicines. A relative we spoke did not raise any concerns with the way their family members medicines were managed. Nursing staff assisted people with their medicines and had a good understanding of what people needed and the possible side effects. We saw medicine records were clear, and the storage and stock control of the medicines were well organised.

We spent time with a person in their own room, we could see it was clean and tidy. We saw the equipment the person needed to keep them well was organised and kept clean. A relative told us the home was always clean when they visited. Staff were aware of the importance of sterile techniques to support people with their health care conditions. We saw and staff told us that they had access to personal protective equipment to reduce the risk of infection. Staff told us the night staff completed all the cleaning tasks and had sufficient equipment to do this. Staff told us they had received training in food hygiene and infection control. The

registered manager told us they carried out spot checks of their staff to ensure they were following best practice in regard to preventing infections.

The provider had robust recruitment procedures in place to ensure the staff they employed were safe to work in the home.

Is the service effective?

Our findings

When we inspected the service in January 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

Assessments of people's care was robust. The registered manager worked with the person and their relatives, staff who worked in the home along with a range of external healthcare professionals to provide a complete care package. We saw assessments of people's care was ongoing and where people's health needs had changed the registered manager had involved health and social care professionals to ensure the person was receiving the right support.

Staff knew people very well and understood each person's individual ways of communicating their wishes. A relative told us staff understood their family member's care needs and supported the person in the best way. They told us they felt assured that staff were taking the right action to keep their family member happy and well. Staff understood their own responsibilities and accountabilities, and had received the training they required to support people in the right way. For example, staff had received training for epilepsy awareness and explained to us how each person with this diagnosis was to be supported should they have a seizure. We saw they worked as a team to meet people's needs and were confident in the support they provided to people.

Staff understood each person's dietary requirements and how to support them to maintain a healthy weight. Some people were supported with their nutrition and hydration through a special tube called a Percutaneous Endoscopic Gastrostomy (PEG). Nurses supported people with this aspect of their care and did this in line with best practice. Care staff understood people's individual dietary needs, for example who required a softer diet and how they were to be supported. We saw from people's care records their weight was monitored regularly and this was stable. Where one person's weight had slightly increased, we read that staff were working with the person's doctor to review their food? intake so they could remain a healthy weight.

One person we spoke with confirmed they were supported to see their doctor if they became unwell. Staff supported people who had complex healthcare needs and recognised when people's health was declining and who they should contact. Staff told us people were also supported to see their doctor each year as part of their annual health action plan.

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's capacity to make decisions about aspects of their care had been assessed. The registered manager had involved relatives and/or healthcare professionals where it had been identified a person lacked

capacity to make a decision and written care plans were in place which reflected their best interest. Staff understood how these decisions may affect the care and support they provided. Staff were consistent in their explanation about individual people's non-verbal signs or sounds that they made when they were happy to do something or when they declined. We saw staff responded and respected the person's choice.

Staff were aware of who may have a restriction in place and how this affected their care. The registered manager had recognised where they may be restricting people's liberty and had made applications for approval to restrict the liberty of people who used the service. This was in each person's best interest so they remained safe and well.

Rose Orchard is a purpose-built home. People had their own personal bedrooms, which were equipped with specialist nursing beds and tracked ceiling hoists so staff could support people safely. People had access to a bathroom which had adaptations and a specialist bath to keep people safe while receiving personal care. People had access to communal areas within the home which gave them a choice of where they would wish to spend their time. People had access to a garden area which was accessible for wheelchair use.

Is the service caring?

Our findings

When we inspected the service in January 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

There was a strong, person centred culture and people's wishes and choices were respected by staff. The person we spoke with told us staff were kind and caring towards them and they liked the staff. Staff treated people as individuals and the support they offered reflected this. For example, staff told us one person did not enjoy the film that other people in the home were watching and enjoying. We saw a staff member supported this person to do something different and we heard their verbal sounds reflected the person was happy with this. The person we spoke with told us they enjoyed making crafts, they explained how staff supported them to go to the shops so they could buy the craft items they needed so they could maintain their interest. The relative we spoke with felt very happy with the support their family member received and felt relieved they were cared for in such a caring and kind way.

We found the atmosphere in the home was calm and relaxed and we saw people responded to staff in a positive way. Staffs interaction with people were kind and respectful. Staff were patient and took their time to support people at a pace which suited the person. Staff had a very good understanding of the people they supported, and were aware of their life histories, the things they liked and didn't like and the people who were important to them. The person we spoke with told us they were supported to visit their family, while a relative told us they were welcome to visit at any time. They told us how staff were always very welcoming and supportive towards them.

The person we spoke with felt the staff supported them in a way which promoted their dignity and privacy. A relative told us their family member always looked well presented in clothes that were in line with the person's preferences. We saw people were supported with maintaining their dignity throughout the day, for example, with clothing that was individual to them, to ensuring they were comfortable in their wheelchair. We saw people's personal space was respected by staff and other people living in the home. People's bedrooms were decorated to their own tastes and were furnished with their personal belongings which reflected their interests. All staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs. Staff understood their responsibilities for maintaining confidentiality.

Is the service responsive?

Our findings

When we inspected the service in January 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

The person we spoke with felt included in the care and support they received. We saw how proud they were of their bedroom and their possessions which reflected their individual preferences. The relative we spoke with felt involved in their family members care and felt they were included and listened to. Staff shared with us how they involved people in their care, this was from understanding how people preferred their daily routines to supporting people with activities that they enjoyed, such as walks to the riverside and meeting with family.

The provider met the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. Staff communicated with people in a way which was individual to the person. We saw one person's communication preference was writing and saw they had access to paper and pens to support them with their communication.

Staff had good communication between each shift and were aware of any changes that had happened or any upcoming appointments. Staff knew people well and recognised when if they were unwell. We read in one person's care records that staff had responded promptly when a person's health had declined. All staff who we spoke with knew the signs when people were feeling unwell and who to contact.

The people who lived in the home had complex healthcare needs and staff ensured that people led a healthy life. The registered manager explained how they gathered information about people to ensure their end of life care could be planned in line with the person's wishes. While there were no people receiving end of life care, staff had received training to enable them to support people with this aspect. For example, such as medicines to ensure people were comfortable to involving the right agencies and services available to them. Where staff talked to us about people who had lived in the home and were supported with end of life care they spoke compassionately about the person, ensuring they had a dignified death.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. The person and relative felt happy with the service but knew who they would speak to if they were concerned. The provider shared information with people about how to raise a complaint about the care they received. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome. This was also available in a format suitable for people who used the service. The provider had not received any complaints about this service.

Is the service well-led?

Our findings

When we inspected the service in January 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

The person we spoke with was happy with the way the service was run and felt this met their needs. The relative told they could not fault the service, and were happy with the support and care offered to their family member. Staff said they all worked as a team and supported each other which we saw throughout the day we were there. A staff member said, "We're a lovely team. Such a caring place to work."

The person, the relative and all staff felt the registered manager was supportive, approachable and listened. The relative told us how the registered manager supported them with completing certain forms which they were grateful for. While a staff member said, "I think the [registered manager] is fab! They are very understanding and caring." Staff told us and we saw from their meeting minutes that they had the opportunity to discuss different aspects of the service which were important to them. Staff told us that they had daily communication and would not wait for a more formal supervision or team meeting if they felt something needed to be addressed quickly.

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. The registered manager told us communication with people, their relatives and staff was key to ensuring the service was delivering good quality care. They spent time with people, and worked alongside staff to ensure the staff were supporting people in the ways that reflected the providers values. The registered manager told us they had confidence in their staff, and in previous times had given staff additional support and training where this was identified.

The provider had robust checks in place to ensure the service was delivering a good standard of care to the people who lived in the home. The provider considered the experience's people had as we saw they had spent time with people and staff to ensure they were happy with the service and the way it was run. The provider sent surveys to relatives and healthcare professionals and we saw the feedback had been very positive, with comments such as, "Care is second to none." The survey affirmed that those involved in the service were happy with the standard of care and support.

The registered manager understood the requirements of their registration. They submitted statutory notifications to us where this was required. The previous rating was displayed in the home should visiting people, relatives and staff wish to view.