Orione Care

Orione House

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

Overall summary

We inspected Orione House on 17 February 2015. The inspection was unannounced. There had been a previous inspection of this service in August 2013 where all of the regulations we inspected were met.

Orione House provides accommodation and personal care for up to 35 older people, including people living with dementia. The service is provided by Orione Care, the working title for the charity "Sons of Divine Providence." The home also has facilities and equipment to support people who use wheelchairs or hoists.

The home was managed by a registered manager. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service provided safe care for people. Although only a few people we spoke to could personally recall being

Summary of findings

involved in risk assessments or care planning, records showed that people who lived in the home had been involved in risk assessments and in planning the support they needed as far as they were able.

Care plans contained information about the health and social care support people needed and records showed they were supported to access other professionals when required. People were involved in making decisions about their care. Where people's needs changed, the provider responded and reviewed the care provided

The building was free from hazards and equipment was well maintained. Staff were trained in keeping people safe, in the use of specialised equipment such as hoists and in responding to any concern over poor treatment of people. We found the décor to be clean but could benefit from a greater contrast in colour or signs, which could make it easier for people with dementia to orientate themselves within the home.

There were sufficient numbers of trained staff working in the home at all times and staff were supported by a management team and through regular training, supervision and appraisal. People we spoke with told us that when they needed assistance they did not have to wait a long time to receive it.

Where people lacked the capacity to make decisions for themselves staff had followed the requirements of the Mental Capacity Act 2005. Staff had received relevant training. The manager understood their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS) and knew how to apply it to people in their care.

There was a relaxed atmosphere in the home and we saw staff interacting with people in a calm, polite and caring manner. Staff supported people as and when required and were aware of the communication needs of each person. There were activities on offer within the service, although some people told us that they could be better as sometimes they felt bored. We also noted that many residents had difficulty walking or moving about without equipment or staff support. There were exceptions to this, with some people who were more active being able to exercise more choice over what they did and where they went.

People were supported at mealtimes and had choice regarding their preferred meal. Food was nutritious and hot.

The provider had a clear set of values that included the aims and objectives, principles, values of care and the expected outcomes for people who used the service. The service had quality assurance systems in place. These ensured people continued to receive the care, treatment and support they needed. There were also meetings between the home and people who lived there, although the manager informed us that individual communication was more effective with the current people living at Orione House.

Summary of findings

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. The building was free from hazards and equipment was well maintained. Records which detailed people's health and care support were maintained and were accurate and up to date.

Staff were trained in keeping people safe, in the use of specialised equipment such as hoists and in responding to any concern over poor treatment of people. There were sufficient numbers of skilled and qualified staff on duty to ensure that people were kept safe.

Medicines were managed safely. Effective systems were in place to ensure safe administration and staff had received adequate training.

Is the service effective?

Good

The service was effective. People who used the service had personalised care plans that were reviewed on a monthly basis. These included health action plans. Where people lacked the capacity to make decisions for themselves staff had followed the requirements of the Mental Capacity Act 2005.

People had access to a GP, dentist, and other community health services such as opticians. People had regular home visits by the GP. Staff were familiar with people's support and communication needs and knew how people liked to be helped.

People were protected from the risks of inadequate nutrition and dehydration. People had a choice of food for every meal and if people did not want what was on offer they would be offered an alternative.

Is the service caring?

Good

The service was caring. Staff interacted with people in a friendly and professional way

Care plans were personalised and people had been involved in decisions about their care. Staff knew people's histories, likes, dislikes and religious beliefs. People were supported by caring staff who respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive. People received personalised care that was based on their individual support needs.

People knew how to make a complaint and raise concerns with the manager. A keyworker system was in place to ensure time was spent with people as individuals and ensure that any specific issues were addressed.

People and their relatives were regularly consulted about their views and asked for their input concerning the home.

Is the service well-led?

Good

The service was well-led. The provider had a clear set of values that emphasised the person-centred nature of care and included the aims and objectives, principles, values of care and the expected outcomes for people who used the service.

Summary of findings

The service had a management structure that had clear delegation of duties and responsibility. The manager was available and approachable to staff and people.

The service had quality assurance systems in place. These ensured people continued to receive the care, treatment and support they needed. There were also meetings between the home and people who lived there, although the manager informed us that individual communication was more effective with the current people living at Orione House

Orione House

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 checked 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.

The inspection took place on 17 February 2015 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had expertise in the area of care for older people and people with disabilities.

Before the inspection we reviewed the information we held on the service including previous reports, notifications and feedback from the public. During the inspection we observed care practice and tracked the care provided through looking at records and care plans for four people.

We spoke with the manager, the deputy manager, a team leader, six care staff, a bank activities worker and two visiting health professionals. We also spoke with 13 people who used the service and a visitor.

We reviewed the home's policies and procedures and three staff records.

Good

Is the service safe?

Our findings

People told us they felt safe at Orione House. One person said, "I feel very, very safe because the carers really do care for me."

Staff told us that they had received sufficient training to keep people safe. One told us, "I've done moving and handling, medicines, first aid."

The registered manager and staff were knowledgeable about safeguarding vulnerable adults and the different types of abuse to be aware of. They were knowledgeable about the reporting process to be followed when suspicions of or actual abuse had occurred. Staff told us, and records confirmed, that staff had received training in relation to safeguarding adults. This training also included whistle blowing.

Risk assessments had been undertaken that ensured people could take part in activities, or do things independently in a safe manner. Risk assessments had been carried out in respect of people's mobility, vision, health conditions and emotional needs. This enabled people to remain as independent as possible whilst receiving appropriate support, for example when moving from one area of the home to another.

There were enough staff on duty to care for people. There were five care staff on duty together with a team leader in the morning shift, four staff with team leader in the afternoon shift and two waking night care staff with a team leader. Staff rotas were up to date.

The premises were free from hazards and equipment was well maintained. Staff had been trained to use specialised equipment, such as hoists, safely. This helped people to feel reassured when using such equipment.

Staff recruitment procedures ensured that people were protected from having unsuitable staff working at the home. The recruitment process included details of previous employment, checks made under the Disclosure and Barring Scheme (DBS) and reference checks.

There were procedures and policies in place to control infection. Inside the main entrance to the home there was an anti-bacterial facility located with a request for visitors to use it., in toilets and bathrooms there was adequate soap and anti-bacterial cleansers.

People were supported in a safe way with regard to medicines. Senior members of the care team, such as team leaders, senior night-care staff. The deputy manager and the manager were trained to administer medicines. The policy and procedure was clearly set out and accessible to all staff.

Staff were supported to be knowledgeable about the medicines they were administering in order that they were administered safely. In addition to advice from the pharmacist they had access to the British National Formulary, a pharmaceutical reference book containing information and advice on a wide range of medicines.

We saw that records were up to date and regularly monitored. Where any errors were spotted, such as a failure to add a signature, this was discussed by the manager and the staff member. A form known as a "No Blame" form was completed which detailed the circumstances and causes behind the error. This was then discussed and used as a learning opportunity for the team. If more than three instances happened with any one staff member, there was a review of the staff member's training needs and mandatory training was provided. In all other cases, training was updated on an annual basis. One staff member told us, "It is a really helpful way of making sure you do things right. If you have made a mistake and you take it through this process, you never make that mistake again".

We saw that medicines were safely stored and records securely and confidentially kept. The deputy manager oversaw the delivery and returns of medicines and maintained good communication with the pharmacy.

Good

Is the service effective?

Our findings

People were cared for in a way that aimed to help them live their life as they chose. People told us that they found it easy to arrange appointments to see a doctor, optician or podiatrist.

Staff induction included becoming familiar with the home's vision of person-centred care, care planning and people's specific needs. Staff also received training in dementia awareness and some staff had specialised in training in End-of-Life care using the Gold Standard Framework approach.

Staff were positive about the home and their work. One staff member told us, "It's good to go home knowing you have done your best for the residents." Staff told us that they received regular support from managers on a day to day basis, as well as through regular supervision and appraisal. This was confirmed by a review of records.

Where people lacked the capacity to make decisions for themselves staff had followed the requirements of the Mental Capacity Act 2005. The Mental Capacity Act (MCA) 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected.

Records confirmed that people's capacity to make decisions was assessed before they moved into the home and on a daily basis thereafter. The manager and staff had been trained in the general requirements of the MCA and the Deprivation of Liberty Safeguards (DoLS) and knew how it applied to people in their care. We saw records of two people for whom a DoLS authorisation had been requested and these had been correctly completed.

People had enough food and drink, and meals were hot and attractively served. People told us that they enjoyed the meals at the home. One person told us, "The meals are good here." People were consulted about their choice of meal. However, on the day of inspection we noted that there were no menus available on the tables, which would have helped people remember their choices or enable them to make changes to their chosen meal. The manager told us this was an oversight and promised to rectify this and later produced the menu normally placed on tables. This contained photos, with text, of the options available for that day. There were similar menu cards for a three-month menu cycle.

We saw that in practice people had different choices of food and dessert and that staff confirmed with each person that they were happy with their meal.

People had access to community health services and the home ensured people's health care needs were met. As part of people's overall care planning separate health care plans and records were held which provided information about people should they need to visit hospital or other health services. The staff monitored people's weight, nutrition and fluid intake.

The home ensured that referrals were made when needed and provided support to people in accessing health services. We spoke with two visiting opticians who made regular visits to the home. They told us relationships were very positive and professional and that they had always been able to see people in private. Four people we spoke with knew they could ask to see a doctor and two knew on which day the doctor came each week.

Good

Is the service caring?

Our findings

People told us that they thought the service was caring. One told us, "I'm well looked after – too well looked after!" Another person said, "The staff are wonderful, without exception."

Staff knew each person, and each person had a care record that accurately detailed their history, likes and dislikes. Cultural and religious preferences were also recorded. People's care records were written from the first-person perspective and included details such as family relationships and a section called "Things important to me". This section explained to staff how the person wished their care to be delivered and what they would like to be supported in doing.

The staff employed at the home were employees of Orione Care and provided a consistent approach to care and ensured people had a sense of familiarity with them.

People were treated with kindness and compassion and if someone was distressed there was a member of staff who would support them. Staff who acted as keyworkers for people were able to describe who they were responsible for.

Staff treated people with dignity and respect, for example, by ensuring that people's clothing was properly arranged and by knocking on doors. There was a relaxed atmosphere in the home and we saw staff interacting with people in a calm, polite and caring manner. Staff supported people as and when required and were aware of the communication needs of each person.

The home was a participant in the Gold Standards Framework, an approach to planning and preparing for end-of-life care. Dedicated members of staff were involved in the training for this and spoke enthusiastically about it, describing it as "perfectly in line with the home's ethos of holistic care". One staff member told us, "It seems to be the natural thing to do – to try to make sure that when someone is at the end of their life they are able to have all the things they want the way they want them, to respect their wishes and to do our best to make it as peaceful as we can."

The Gold Standard Framework (GSF) has a training programme for staff to go through and become accredited. We saw that one staff member was participating in this accreditation scheme and taking on the lead role of end-of-life care within the home.

At the time of our inspection. the home was undertaking a review of people's care plans to establish their wishes and preferences at end-of-life care. The staff confirmed this was done on a progressive scale and only if the person wished to discuss these matters.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People's needs and level of dependence were accurately assessed and kept up to date.

People were supported to give their views about how they received their care. For example, we saw that care records recorded important information on how people wanted their clothes, money and room looked after. We also saw that care plans had instructions for staff on important matters for people. For example, there were instructions for staff to ensure that one person always had spectacles cleaned and accessible as this person enjoyed reading.

People's care was regularly reviewed, at least one comprehensive review annually, with monthly checks and daily notes. People and their relatives, as well as any relevant external professionals were involved in these reviews.

The care people received was in line with their care plan. Care plans took an holistic view of the person and included their goals, abilities, health needs and social support needs. During our visit staff were engaged mainly in supporting people in personal care or assisting people to move from one area to another.

The layout of the premises enabled people to move around freely and therefore reduce the risk of people becoming isolated in one part of the home. The open visiting policy supported relatives and friends to visit at convenient times to them and this further minimised the risk of social isolation. The staff and manager worked hard to maintain family links. One staff member told us, "This is the residents' home and they should be allowed to have friends visiting them whenever they want, not whenever is convenient to us."

People we spoke with had mixed views about the activities on offer in the home and opportunities to do things outside of the home. One person told us, "I like to go to mass." Another person said, "I sometimes do a quiz."

Some people spoke about outings they had been on but these related mainly to group outings undertaken in the summer. A newer resident said, 'I keep trying to push, but nothing happens.' This was in relation to activities inside and outside Orione House.

After lunch, four residents took part in a quiz and one member of staff was playing noughts and crosses with a resident. The home had an activities officer who was currently on leave at the time of our inspection, which may have left a gap in provision or structured organisation of activities.

The manager was able to describe the activities that staff regularly offered and pointed out the poster on the wall advertising the weekly plan of activities. Options included reading, films, walking, quizzes, games, music, reminiscence, aromatherapy and hairdressing. We discussed how the home balanced encouraging people to be active whilst respecting the nature of people's frailty, the amount of personal assistance people required and their stated choice on the day.

People told us they felt able to raise concerns and complaints. One told us they could speak out if they had a concern or complaint. Another said, " 'I'd say if I was worried.'.

The service had a comprehensive complaints procedure which empahasised the service's wish that complaints of any kind should be raised and that the hope was that they could be resolved informally as far as possible.

Where that was not possible, or if it was not the wish of the individual a more formal process was in place to resolve the complaint within 28 days. Information was provided about the contact details of the local ombudsman and the Care Quality Commission.

Around the home there were several posters or leaflets in easy-read format, including pictures, which also described how to make a complaint, and the4se were accessible to visitors as well as people living in the home. In addition, a copy of the complaints procedure was in people's rooms as well as in the information pack provided to people and their relatives.

We saw a log of complaints that had been dealt with in a formal manner by the home and saw that these had been responded to in a timely way by the manager. Informal complaints were logged at staff handover sessions and discussed at meetings.

Good

Is the service well-led?

Our findings

The service was well-led, with a clear management structure that promoted the delivery of high-quality, person-centred care and an open culture. Although completely non-denominational and open to people of all cultures and any or no faith, the home based its operating principles on a Christian ethos.

This emphasised the dignity of the individual and the importance of providing care with compassion, respect and equality. This was reinforced through the home's policies and procedures which all staff had seen and worked through as part of their induction.

People were very positive about the attitude shown by staff. One told us, "Staff, wonderful, without exception." Another said, "Excellent staff, all of them."

A senior member of the management team was also a member of the Trustee Board and maintained regular contact with the home and manager. We noted that this was the main connection between the home and the Board. The manager confirmed that she had rarely been asked to attend a board meeting, for example, to provide a report on progress or to share ideas. Visits by other members of the board were infrequent. When asked, the manager expressed enthusiasm for closer and more frequent contact with different members of the Board and felt it would increase the overall morale of the team.

People and staff were encouraged to raise concerns and to share ideas. There were clear policies and procedures for raising complaints. These were explained to people and relatives as well as being in written format. Policies and procedures on whistleblowing also ensured that workers were protected and knew who they could contact.

Staff told us they felt supported. One staff member told us, "I enjoy working here. You get encouraged to train by the managers and we work together helping each other." Staff received individual supervision sessions every six to eight weeks as well as an annual appraisal.

The team of care staff were well-led by senior care staff and a deputy manager who had a good presence in the service. The registered manager was aware of her responsibilities as a registered person and was able to demonstrate familiarity with both regulations and quality standards.

Notifications of incidents, accidents and concerns over care were recorded appropriately and the relevant authorities notified. There were clear lines of accountability within the home and clear delegation of duties. The service worked well in partnership with local authorities, health services and local services such as pharmacy and opticians.

There were quality assurance systems in place where a senior member of the management team carried out quality audits and held regular discussions with the manager. Audits included the general running and maintenance of the home but also included care issues and initiatives that the home was taking to develop the service. Two of these initiatives included working towards accreditation status in End Of Life care using the Gold Standards Framework and becoming "champions" of dementia through further accreditation with a pilot project being run by the local dementia alliance group to improve awareness of, and care for, people with dementia.