

Tracs Limited

Orchard Hill

Inspection report

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Date of inspection visit:
23 October 2017

Date of publication:
01 January 2018

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

Orchard Hill is a residential care home that supports people living with a learning disability. The home is registered to support up to four people. At the time of our inspection there were four people living in the home. This was the first comprehensive inspection of the service since it registered on 1 November 2016.

There was a registered manager in post. 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.

People could be assured that they would be supported by sufficient numbers of staff who knew them well. Risks to people had been assessed and staff supported people in a way that maintained their safety. People could be assured that they would receive their prescribed medicines safely.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report concerns to the relevant authorities. Staff were confident in recognising and raising concerns if they felt people were at risk.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately. People were supported to make decisions for themselves and their consent was actively sought by staff.

Staff had access to the training and support that they needed to work effectively in their role. People were supported to maintain a healthy and balanced diet. People were supported to access healthcare services when they needed to.

People were supported by staff that treated them with dignity and respect. Staff knew people well and tailored the care and support they provided according to individuals preferences and interests.

People had detailed plans of care in place that were reflective of their support needs to guide staff in providing consistent person centred care and support.

The provider had systems in place to gather and act upon feedback from people. People could be assured that their complaints would be managed appropriately.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored by the audits regularly carried out by the manager and by the provider.

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.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed.

Risks were regularly reviewed and staff had clear instructions on how to mitigate these risks.

Is the service effective?

Good ●

The service was effective.

Staff received the supervision, support and training that they needed to provide effective care and support to people.

People were supported to maintain their nutrition and their health needs were monitored and responded to appropriately.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and people's consent was sought appropriately.

Is the service caring?

Good ●

The service was caring.

People had built caring relationships with staff who provided people with reassurance.

People were treated with respect and staff worked in ways which promoted people's dignity.

People made their own choices about their daily care.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the care they needed.

People's needs were met in line with their individual care plans and assessed needs.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Is the service well-led?

The service was well-led.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People were supported by staff that received the managerial guidance they needed to carry out their roles.

There was a positive open, personalised culture at the home.

Good ●

Orchard Hill

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 took place on 23 October 2017 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted the health and social care commissioners who monitor the care and support of people living in the home.

During this inspection we spoke with three people living in the home and three members of staff including the registered manager. We also spoke to two relatives who were visiting the home at the time of our inspection.

We spent time observing the care that people living in the home received to help us understand the experiences of people living in the home. We reviewed the care records of three people and the recruitment records for three members of staff. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People told us that they felt relaxed and safe living in the home. One person told us "It's very nice living here. The staff do everything we need to look after us well." We also saw feedback from one person that stated "I feel very relaxed and comfortable living in the home."

People could be assured that they would receive their prescribed medicines safely. Staff had received training in how to administer medicines safely and were observed by senior staff to ensure that they were competent to administer medicines to people. One member of staff told us "I look after the medicines here. I have had training and competency assessments from the manager." We reviewed the Medication Administration Records (MAR) charts for the people living in the home and found that these were completed accurately.

People were supported by staff that knew them well and knew how to support people to reduce the known risks to their safety. People had detailed risk assessments in place that were regularly reviewed to provide guidance for staff in how to maintain people's safety. One member of staff told us "We know what we need to do to keep people safe by reading their risk assessments and following them." Staff followed the actions that were outlined in people's personal risk assessments to maintain their safety. We observed staff sitting with one person at lunch time to support them to eat their meal because they were assessed as being at high risk of choking.

A number of people living in the home had complex needs including behaviours that may challenge services. Staff had an excellent knowledge of people's plans of care and supported people in a consistent manner to minimise the triggers that may cause people to become unsettled. We observed that staff knew people well and were able to anticipate their needs and minimise the instances of incidents taking place.

People were supported by sufficient numbers of staff. One person's relative told us "There are always enough staff. The stability of the staffing has improved too recently; they seem to have the same staff working. I am very happy with the staffing levels." Staffing levels were planned around people's routines and activities. Some people living in the home were assessed as requiring one to one support from staff. We observed that people requiring one to one support received this support from staff that they knew well. Staff had time to engage positively with people in the home and to support people to follow their interest and hobbies.

People were protected from the risk of harm. Staff were confident in the action they should take if they were concerned about someone's safety. One member of staff told us "I have had safeguarding training and would report any concerns. I know how to whistle blow or contact CQC or the council if I needed to." Where appropriate the registered manager had made safeguarding alerts to the local authority and completed safeguarding investigations.

Safe recruitment processes were in place to protect people from the risks associated with the appointment of new staff. We saw that references had been obtained for new staff prior to them working in the service as

well as checks with the Disclosure Barring Service (DBS).

Is the service effective?

Our findings

People were supported by staff that had received the training and support that they needed to work effectively in the home. One member of staff told us "They offer lots of training; it's actually very good. If there is any extra training you want you are able to request that too." Staff were also supported to complete accredited qualifications such as diplomas. One member of staff told us "I am doing my Diploma Level 2 at the moment in Health and Social Care." Another member of staff told us "Since I started I have done my NVQ (National Vocational Qualification) Level 3 in Health and Social Care."

Staff were supported in their role through regular supervision. One member of staff told us "We get supervision with the manager regularly. It's good because you get to discuss any issues you want." New staff were supported to work confidently in the home through a period of induction. One member of staff told us "When I first started I shadowed and worked alongside other staff for my first week so I learnt what I needed to do." New staff were also supported to complete the Care Certificate, a nationally recognised qualification which aims to give employers and people who receive care the confidence that workers have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The management were knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been applied for from the local authority. Staff had received training in the MCA and DoLS and had a good understanding of peoples' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests. People were encouraged to make decisions about their care and their day to day routines and preferences. We observed staff seeking people's consent prior to providing care.

People were supported to maintain a healthy and balanced diet. One person told us "The food is very nice here. We get to choose whatever we want really." One member of staff told us "People choose whatever they want for breakfast and lunch. We have a menu for main meals and we sit together once a week and use pictures to decide what everyone wants on the menu. People can always choose something different on the day though." We observed staff preparing people's lunch time meal and saw that people were offered a choice of lunch and that staff prepared people's meals according to their individual preferences.

People were supported to access healthcare services when they needed to. Each person living within the

home had an Accident and Emergency grab sheet and hospital passport to provide information to healthcare professionals in the event of an unplanned admission to hospital. Where healthcare professionals had developed plans of care for people these were followed by staff. For example, one person had a recent plan of care that had been developed by a speech and language therapist. We saw that staff had followed this plan of care when preparing this person's lunch.

Is the service caring?

Our findings

People were treated with dignity and respect. One member of staff told us "We never go into people's bedrooms unless they are with us. Everyone has a key to their room so they are able to lock it when they leave their room." Throughout our inspection we observed that staff spoke with people respectfully and engaged people in sociable banter creating a relaxed and friendly atmosphere in the home. We observed that staff knocked on people's doors prior to entering their bedrooms. One person with hearing loss had a door bell to their room that activated a flashing light in their bedroom when someone wanted to gain entry. This meant that the person was able to choose whether to answer their door or not.

Staff knew people well; they told us about people's personalities, hobbies and what was important to them. It was evident that staff had a genuine fondness for the people they supported. Staff engaged people in friendly conversation around their interests and used this information to tailor their care and support. For example, staff knew that for one person in the home contact with their family was important to them and they were anxious about when they would next see their relatives. Staff provided constant reassurance and supported this person to maintain contact with their relatives and regularly attempted to arrange meetings and visits.

People were supported to follow their faith. For example, one person was supported to attend a local place of worship when they wished to. Staff also considered people's cultural background and heritage when supporting them. For example, staff supported one person to go to a specific restaurant because they prepared food in the same way as their family. Staff were in the process of supporting one person whose first language was not English to develop a communication passport to aid their communication with staff and other people that they may come into contact with.

Feedback from people was sought during monthly meetings with staff to review their plans of care. These meetings were used as a basis to reflect upon people's achievements over the previous month and set goals for the upcoming month. For example, one person had a goal of developing their independence in relation to daily living skills. We saw that this person had started to clean areas of the home independently and was encouraged by staff to complete tasks in the kitchen. We saw that this aided this person's sense of achievement and well-being.

Staff respected people's right to confidentiality and understood they should not discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a staff communication book and confidential database accessible only by staff.

There was information available about advocacy. The registered manager was aware of the need to involve an Independent Mental Capacity Advocate (employed by the local authority to make sure the Mental Capacity Act 2005 is being followed) for people who had no family or representative and lacked the capacity to make certain decisions for themselves. At the time of the inspection there was no one who needed an advocate.

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home to ensure staff could meet their needs. The provider employed a specialist behaviour support advisor who supported the registered manager in assessing the needs of people before moving into the home. Initial care plans were produced to guide staff in providing support before new people began to use the service; staff then monitored and updated them as necessary. People's individual care plans were written in a personalised manner and had been developed in partnership with people using the service. The plans covered all aspects of a person's individual needs, circumstances and requirements. This included details of the care each person required to meet their individual needs.

Staff supported people to follow their interests and hobbies. One person's relative told us "Staff are very willing to try new things with people. They have just started an activities board with [Person] to try and encourage them to do more." One person living in the home supported a local football team and staff supported them to attend home games at the weekend. Throughout our inspection we observed that people were engaged in activities according to their individual interests and that people were supported to be active members of their local community. For example, staff supported one person to volunteer at a local work placement during the week.

People's feedback was sought through regular meetings between people living in the home, staff and the registered manager. People's feedback was actively used to develop the service; for example people had been encouraged to help plan the menu and plan refurbishments to the home.

People knew how to make a complaint and were confident that any complaints would be acted upon. There were arrangements in place to record complaints that had been raised and what action had been taken about resolving the issues of concern. People were provided with information to tell them what to do if they wanted to complain.

Is the service well-led?

Our findings

The service was being managed by a registered manager who was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. The registered manager had submitted the appropriate statutory notifications to CQC such as DoLS authorisations, accidents and incidents and other events that affected the running of the service.

People and their relatives told us that the registered manager was approachable, knew them well and was responsive to their feedback. One person's relative told us "The new manager is very good. She is very friendly and approachable." A member of staff told us "The manager is very good. It's nice to have a permanent manager now and you can already see that things have got better in the home." We observed that people were comfortable in approaching the registered manager and that the registered manager knew people well and engaged them in friendly conversation.

The provider was focussed on providing personalised care to people and aimed to create an open and transparent culture within all of their services. This culture was evident within Orchard Hill. People and their preferences were at the heart of the service. Staff knew people well. One staff member told us that "We support people to do what they want to do. We encourage people to be as independent as possible. This is a good place to work. We can approach the management team with any concerns and know that they will be dealt with."

There was a system of quality assurance in place that was effective in monitoring and improving the quality of service that people living at the home received. A system of audits was completed by the registered manager, operations manager and the provider. Audits covered key areas such as the environment, health and safety, staff training and people's care plans. When areas for improvement were identified these were targeted and improvements were monitored. For example environmental audits had highlighted the need for improvement to be made to the home which had been completed in a timely manner. Further audits of the environment had highlighted the need for the garden to be renovated and made more accessible for people living in the home. Plans were in place for this work to be completed before December 2017.

The registered manager analysed accidents and incidents using a tool that had been introduced by the provider. This tool monitored all accidents and incidents at an organisational level to identify any trends so that control measures could be put in place to reduce the risks of repeat accidents and incidents.

Policies and procedures to guide staff were in place and had been updated when required. Staff demonstrated a good understanding of policies which underpinned their job roles such as safeguarding people and confidentiality.