

Tracs Limited

Orchard View

Inspection report

97 Orchard Hill
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Tel: 01604416309

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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

This unannounced inspection took place on the 20 September 2016. Orchard View is registered to provide accommodation and personal care for up to four people, some of whom may have a mental health diagnosis. There were four people living at the home at the time of the inspection.

There was not a registered manager in post, however an application had been received by the Care Quality Commission (CQC) and this was being assessed at the time of the inspection. 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 were supported by sufficient numbers of staff that were experienced and supported to carry out their roles to meet the needs of people living at the home. Staff had received on-going training in key areas that enabled them to understand and meet the care needs of people living in the home. Appropriate recruitment procedures were followed and people were protected from receiving unsafe care from care staff unsuited to their role.

People's care and support needs were regularly monitored and reviewed to ensure that care was provided in the way that they needed. People had detailed individual plans of care in place to guide staff in the delivery of their care and support. People had been involved in developing these plans of care which meant that people received consistent and personalised care and support.

People's health and well-being was monitored by staff and they were supported to access relevant health professionals. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet. People were encouraged where possible to prepare their own meals.

Staff took time to get to know people and ensured that people's care was tailored to their individual needs. People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. Staff were encouraged to make suggestions about the running of the service. The quality of the service was monitored by the audits regularly carried out by the registered manager and by the provider. There was a clear and shared aim to promote and increase the independence of the people living in the home.

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 received their medicines as prescribed by medical practitioners. The medicines that people had been administered were recorded accurately.

People were protected by appropriate recruitment practices and there were enough staff available to meet people's needs.

Staff knew how to recognise and respond to risk and the risk of harm to help keep people safe.

Risks to people had been assessed and appropriate actions taken to manage any risks that had been identified.

Is the service effective?

Good ●

The service was effective.

People received care from staff who were knowledgeable about their needs.

Staff received on-going supervision and training to ensure that they had the skills and knowledge required to support people effectively.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were supported to make choices about their care and staff respected people's preferences.

People were always treated with respect and dignity.

People, or their representatives, were involved in decisions about their care and treatment.

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 timely 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?

Good 

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.

There was a manager in place. People knew who the manager was and they were able to speak to them should they wish.

Orchard View

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 20 September 2016 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 their own home. Before the inspection, the provider completed a Provider Information Return (PIR) which we reviewed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we spoke with three people living in the home, two relatives and spoke with four members of staff. We also spoke to the manager for this service, the regional manager and a local health and social care commissioner.

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

Is the service safe?

Our findings

People said that the support they received made them feel safe living in the home. One person said "I feel safe here. The staff really help me." One person's relative told us "We have such confidence in the staff. We know that they are keeping our relative safe because they provide consistent and effective support."

People's medicines were managed safely and people were assured that they would receive their medicines when they were supposed to. One person told us "I get my tablets every day at the same time; always the right number." People were encouraged to be as independent as possible in managing their medicines. One person said "I told the staff that I wanted to self-medicate and they have helped me to do it." Staff told us and records confirmed that staff had received annual training in relation to the safe administration of medicines. Senior staff had assessed the competency of the staff administering people's medicines to ensure that they were able to do this safely. One member of staff told us "I had medicines training and was observed and signed off as competent before I was allowed to administer people's medicines. I feel confident in giving people their medicines." Medicines were stored safely and records in relation to the storage and administration of people's medicines were accurate and audited regularly. There were detailed individual plans of care in place to guide staff in how to administer medicines to people.

There were sufficient numbers of staff working to keep people safe. One person told us "There are always enough staff working. There are enough staff to make sure we can go out if we want to." One member of staff told us "There are enough staff working on each shift. If we ever needed more we would tell the manager and they would arrange extra staff." Staff had time to engage positively with people using the service and to provide a range of meaningful activities. The majority of people living in the service received 1:1 support during periods of the day and records confirmed that the provider had sufficient numbers of staff available to provide this support.

Risks to people had been assessed and appropriate steps taken to mitigate any risks that had been identified. People had positive behavioural support plans in place to guide staff in delivering care and support when people became unsettled. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. Staff were knowledgeable about the risks to people and the steps to take to mitigate these risks. For example we saw that one person had a detailed care plan and risk assessment in place to manage the risks associated with them accessing the community. Staff were able to describe the actions they took when supporting this person to maintain their safety in the community.

Staff were knowledgeable about the steps to take if they felt people were at risk. All staff had received training in how to safeguard people from harm and were confident in applying the learning from this training. One member of staff told us "If anyone was ever at risk or had been harmed I'd report it to the manager. We also have the contact details for the safeguarding team so I would tell them too." We saw that when required alerts had been made to the local authority, the management of the service had with other professionals completed investigations and appropriate action taken.

Appropriate recruitment practices were in place to ensure that any staff working were of a suitable character

to provide people with care and support. The files we looked at had the appropriate checks and references in place. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring checks on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Is the service effective?

Our findings

People were supported by staff who had received training that was relevant to their role and had equipped them with the skills they needed to provide effective care and support. Records showed that staff had accessed training in key areas on a regular basis and that the provider had a plan in place to ensure that training was updated periodically. The training that staff received was a mixture of online learning as well as training delivered face to face. One member of staff told us "The training here is good. There is plenty of it and it covers everything." People's relatives told us that they had confidence in the ability of staff and felt that they were well trained. One person's relative told us "The quality of support is so good here. It's clear that the staff are skilled and well trained."

New staff benefited from a period of induction to support them to gain the skills, knowledge and experience that they needed to support people effectively. One member of staff told us "When I first started I had three days of training, then I had to shadow another member of staff for a week before I actually worked on shift. I also had a buddy assigned to me who was there to give me guidance and support." Staff were monitored closely by the manager when they first started work in the home and had regular probation meetings to reflect upon their performance and areas of development.

Staff were provided with regular supervision to enable them to be effective in their role. One member of staff told us "I have regular meetings with my manager for supervision and have just had my annual appraisal." This gave staff the opportunity to discuss any issues or further training and development that they wished to access. The manager was available in the home on a day to day basis to provide informal supervision and support to staff. Staff felt that they were well supported and empowered to work effectively and creatively in their role.

During this inspection we saw that people were asked to give consent for their care and support and staff were knowledgeable about their responsibilities in relation to the Mental Capacity Act 2005. 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 so that they can 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the manager had made appropriate DoLS applications to the local authority where people had been assessed as lacking capacity to be able to consent to their care.

People were encouraged to make decisions about their care and their day to day routines and preferences. One person told us that they were free to come and go from the service as they pleased but that they had agreed to tell staff when they are going out so that staff knew where they were. People who smoked told us

that the home had a smoking policy which they had agreed to that stated they had to smoke in the garden and should not smoke in the house. We also observed staff asking people whether they required any help throughout the day. People were asked for their consent and given choices over their care and were able to choose what they activities they would like to do and what meals they would like.

People were supported to maintain a balanced and healthy diet and were encouraged to be as independent as possible in preparing their meals. People who wished to cook their own meals were encouraged to do so by staff; they were provided with a weekly food budget by the provider to purchase their own food items to prepare meals. One person told us "The staff help me make a menu and shopping list every Monday; Then we go shopping to buy the food and I can make my own meals in the week. I prefer it that way as I would like my own flat one day so need to know how to cook."

People were supported to maintain their health and wellbeing and were supported to access health care services when they needed to. One person told us "If I feel ill then the staff take me to the doctors." People had access to a range of healthcare services and referrals were made to specialist's teams when required. Where people had individual plans of care developed by health care professionals for example a psychiatrist staff were aware of these and delivered support according to the plan of care.

Is the service caring?

Our findings

People had developed positive relationships with staff and were treated with compassion and respect. One person told us "The staff have been so nice since I moved in here. They have made a real effort to make me feel welcome." Another person told us "The staff are always understanding and supportive."

People were relaxed in the company of staff and clearly felt comfortable in their presence. Staff knew people well and engaged in meaningful conversation. People's choices in relation to their daily routines and activities of daily living were listened to and respected by staff. Staff treated people as individuals, listened to them and respected their wishes. Staff were observed speaking to people in a respectful manner and offering people choices in their daily lives, for example if they wanted to participate in activities and where they wanted to eat their meals.

People were encouraged to make and maintain relationships with their friends, family and people they lived with. For example, we saw that people were supported to arrange moving in parties when they joined the service. One person of a Polish heritage had recently moved into the home and staff had arranged a traditional Polish meal for them to welcome them into the home. Visitors, such as relatives and people's friends, were encouraged at the home and made to feel welcome. One person told us "My girlfriend will be coming to visit me later. She's able to come whenever she wants; it's important to me that I still get to see her." One person's relative told us "We are always made to feel welcome when we visit here. It gives us confidence that the home isn't hiding anything and reassures us that our relative is safe."

There was a strong visible person centred culture where people were encouraged and empowered to express their views. Each person living within the home had a keyworker allocated to them. A keyworker is a member of staff who is responsible for taking the lead within the home in coordinating a person's care and support. People had monthly meetings with their keyworker where they were encouraged to review their plans of care and set aims for the next month such as activities they wished to complete or skills that they wished to develop. We saw that one person had expressed a wish to have a holiday and staff had supported this person to have a holiday to the seaside.

Staff understood the need to maintain confidentiality, we saw that staff ensured conversations about people's care and support took place where others would not overhear. We saw that records about people's care were stored securely and could only be accessed by people who had a need to see these documents.

Is the service responsive?

Our findings

People were assessed prior to moving into the home to ensure that the service could meet their needs. These assessments were used to develop individual plans of care and to help staff find out about people's life histories and interests in order to aid their transition into the home. One person who recently moved into the home told us "The staff have been brilliant, they came to see me before I moved in and every member of staff had come to say hello and introduced themselves since I came to the home. I feel like they all know me well already."

People had detailed plans of care in place to provide direction for staff. This meant that people could be assured that they would receive consistent personalised care and support in line with their preferences. People were involved in developing their care and support plans, they said that they had been able to discuss what was important to them, such as attending social events, and how they wanted to live their life at the home. Each person had a 'one page profile' which outlined their hobbies and interests that they had developed with support from staff. People's plans of care were reviewed on a regular basis. One member of staff said "People's care plans are always updated and tell us what care we need to provide and how we should do this."

People told us that they were supported to access the activities that were important to them. One person told us "I go to the disco every Tuesday and get to spend time with friends there." Another person told us "The staff help me go to work during the week, they take me there." We saw that staff had been supporting one person to pursue their wish to gain paid employment and had supported them to complete an application form to apply for a volunteering opportunity to gain experience in the work place.

People's feedback about the service was actively sought. People were asked to provide feedback during their monthly keyworker meetings and to review their plans of care with staff. People were able to review and update their individual plans of care and goals with their keyworker during these meetings. The provider also completed regular visits to the home to monitor the quality of care that was provided to people. As part of these visits people's feedback and views about the service were actively sought and acted upon. One person told us "I spoke to the auditor that visit the home. I mentioned about wanting to self-medicate and they said they would talk to the manager about it for me."

People knew how to make a complaint and had confidence that any complaints would be taken seriously and acted upon. One person's relative said "We've not needed to complain but I'd have no hesitation in talking to the manager or any of the staff if I needed to." We reviewed records relating to complaints maintained by the home and saw that complaints had been investigated thoroughly and appropriate action taken. The provider sought people's feedback and took action to address the issues raised.

Is the service well-led?

Our findings

The home did not have a registered manager in place however, when the last registered manager left the provider quickly identified and recruited a suitable candidate and this manager has submitted an application to the CQC to become the registered manager.

The manager was a visible role model within the home and staff felt supported and had a clear understanding of the vision and ethos of the service. The provider actively supported the manager and staff in understanding the aims and objectives of the service and putting these into practice on a day to day basis. There was a clear focus upon supporting people in the home to gain independence that was shared amongst the staff team. Regular staff meetings took place to inform staff of any developments to the service and for staff to contribute their views on how the service was being run. Staff meetings had a focus upon the individuals receiving care and support and reinforced a positive person centred focus. Staff meetings supported staff in enabling people to achieve their individual goals and aspirations.

There were quality assurance systems in place to monitor area's such as care plans, the environment and health and safety. These audits were successful in identifying areas that required improvement and actions plans were developed to ensure that these improvements were achieved. If specific shortfalls were found these were discussed immediately with staff at the time and further training was arranged if necessary. Audits undertaken at the home were overseen by the provider to make sure where action to improve the service needed to be taken, this happened within the specified timescales.

There were systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.