

Tracs Limited

The Orchard

Inspection report

Malabar Fields
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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 inspection took place on 12 January 2017 and was unannounced. The Orchard is registered to provide accommodation and personal care for up to five 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 a registered manager in post at the time of this 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 to meet their care and support needs in a timely manner. Staff had been recruited safely and were confident in the steps to take to protect people who may be at risk of harm. Risks to people had been assessed and staff were knowledgeable about people's plans of care which had been implemented in order to mitigate these risks. People could be assured that they would receive their prescribed medicines safely.

People received care from staff that had received the training they needed to provide effective care and support. New staff benefitted from a period of induction to support them to work competently in their role. Staff received on going support and supervision which enabled them to continue to provide effective care to people living in the home.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People had their healthcare needs managed in a way that was appropriate for each person and people's nutritional needs were well supported.

Staff took time to get to know people and ensured that people's care was tailored to their individual needs. People were treated with dignity and respect and were encouraged and enabled to make decisions in relation to their care and support.

People had personalised plans of care in place that were regularly reviewed to ensure that staff had the guidance they needed to provide consistent care to people. 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. The quality of the service was monitored by the audits regularly carried out by the registered 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 were supported to take their medication as prescribed.

People were kept safe from the risk of harm because the provider had systems in place to recognise and respond to allegations and incidents.

There were sufficient numbers of staff to provide people with care and support.

Risks to people had been assessed and effective plans of care were implemented by staff to mitigate the assessed risks to people.

Is the service effective?

Good ●

The service was effective.

Staff had completed training relevant to their role that had equipped them with the skills and knowledge to care for people effectively.

There was an induction process in place for new staff to help them to develop the necessary skills.

People were supported to maintain their nutrition and their health was 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.

Staff involved people in decisions about their care and support.

People were supported by thoughtful, compassionate and attentive staff who knew them well.

People were treated with dignity and respect.

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

The 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 took place on 12 January 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 their own home.

During this inspection we spoke with three people living in the home and four members of staff including the registered manager.

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 lived in the home 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 the support they received made them feel safe living in the home. One person told us "I have lived in other care homes before but I've never wanted to stay more than a couple of months. I feel safe here and I've stayed for nearly four years."

Risks to people had been assessed and appropriate steps taken to mitigate any risks that had been identified. Staff were knowledgeable about the risks to people and the signs that may indicate people's mental health was deteriorating and that they may require additional support to keep them safe. One person told us "I wasn't feeling great last week so I know that the staff kept a closer eye on me. I feel much better now though." People had detailed plans of care in place to provide direction to staff on how to maintain their safety. The staff we spoke to were knowledgeable about the risks to people and were able to describe how they implemented people's plans of care consistently.

People could be assured that they would receive their prescribed medicines safely. One person told us "Whenever I get up my tablets are ready for me and the staff make sure I take them." 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. Medicines were stored safely and records in relation to the storage and administration of people's medicines were accurate and audited regularly.

There were enough staff working in the home to keep people safe and to provide care and support to people in a timely manner. One person told us "I like it here, there are always enough staff. It means we can do the activities we want to and always have staff to talk to when we need help." One member of staff told us "We have plenty of staff; we have time to chat to people and to help them do the activities that they want to do." We observed staff interacting positively with people throughout this inspection in a relaxed and unrushed manner. 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.

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 straight away to the manager or to the on-call manager if needed. I know that the Council have a team we can contact too." Where safeguarding investigations had been allocated to the provider to undertake these had been completed by the registered manager and returned to the local authority within the timescales specified.

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 received care and support from staff that had received the training that they needed to work effectively in their role. One person told us "All of the staff know just how to help me. They are very knowledgeable" One member of staff told us "The training is very good here. They have recently started a new system that means we can do our training online whenever we want to. We also discuss learning at our team meetings and do training specifically designed to help us care for the people in this home." Staff received training in basic elements of care such as safeguarding and infection control that was refreshed annually but they also received training in specific areas that helped them to meet the needs of the people living at the home. For example, training in mental health awareness had been arranged for members of staff and staff told us this had been really helpful in their roles. The registered manager monitored staff training and ensured there was a good mix of staff skills and knowledge across the staffing team.

Staff received the support that they required to work effectively in their role. Staff told us "I get support every day from the senior staff when I need it. I also get regular supervisions and appraisals from the manager. There is always a manager on-call too if we need advice or support." Staff were confident in the registered manager and were satisfied with the level of support and supervision they received from senior members of staff. The provider had a system in place to ensure that staff had access to regular formal supervision with the registered manager.

New staff received a comprehensive induction to equip them with the skills and experience that they required to provide effective care and support to people. One member of staff told us "When I first started I worked alongside a senior member of staff for a week until I felt confident to work alone." 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.

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 registered 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 and enabled by staff to make decisions about their care and support. Staff considered people's fluctuating mental health and how this impacted upon their ability to make decisions

in relation to their care and support. One person told us "I wasn't well last week so the staff looked after my lighter for me but I am feeling a lot better now so I am looking after it myself." People were asked for their consent and given choices over their care and were able to choose what the activities they would like to do and what meals they would like.

People were supported to maintain a healthy diet and to be as independent as possible in preparing their meals. One person told us "We always get to choose what we have to eat and help to make our dinners. I am going to make beans on toast for my lunch today." Another person told us "I am a vegetarian and there is always something really nice for me to have for my meal. We plan a menu with the staff together every week." We observed people preparing their meals with staff support. Staff prompted people to prepare their meals safely and enabled people to develop their skills in relation to meal preparation and increase their independence in this area.

People were supported to access healthcare services when they needed to. Staff were vigilant of any changes in people's healthcare needs and referred people to healthcare professionals appropriately. 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 Community Psychiatric Nurses staff were aware of these and delivered support according to the plan of care.

Is the service caring?

Our findings

People told us that the staff working in the home were kind and treated them courteously. One person told us "It is beautiful living here; the staff make it homely. The staff are so kind; they make me feel like I am wanted." Another person told us "The staff never make you feel like a nuisance, they treat you nicely all of the time" and another said "This is the best place I have lived. I have never stayed anywhere so long. It's because the staff are so kind."

People were encouraged to express their views and to make their own choices. This was evident in all aspects of people's care. For example people were encouraged to choose what activities they would like to do during the day, what meals they would like to prepare and what clothing they would like to wear. One person living in the home had expressed a desire to live more independently however, also wished to maintain links with the staff working in the home. The provider liaised with this person's service commissioners and converted an onsite garage into a self-contained flat for this person so that they could live more independently but continue to receive care from the staff working at The Orchard.

We observed the home provided personalised care which supported people's individual requirements. Staff offered people encouragement, reassurance and were attentive to their needs. We observed staff offer reassurance when people showed signs of anxiety or confusion, successfully preventing incidents from escalating within the home.

Staff knew people well and were able to describe people's life histories, preferences and dislikes and used this information to tailor the care and support that they provided to people. For example, staff told us that they knew one person required additional emotional support at specific points in the year to prevent their mental health from deteriorating because of previous incidents in their life. Staff also told us that one person had a passion for gardening; the person showed us an area of the garden in the home that they had developed and were responsible for maintaining. They also told us that they enjoyed being responsible for the area of the garden and it made them feel valued in the home.

The registered manager had links with local advocacy services. An advocate is an independent person who is not connected with the home but who can support people to express their views. The staff in the home knew how to contact the advocacy services if an individual required support to make choices about their lives or to express their wishes about their care. At the time of our inspection there was nobody who required the services of an advocate to act on their behalf.

Is the service responsive?

Our findings

People's needs were assessed prior to moving into the home to ensure that the service was able to meet their care and support needs. The registered manager completed assessments that considered people's care needs, interests, life history and compatibility with other people living in the home. The registered manager told us that they had clear admission guidelines for the home and would not accept referrals for people if they were not compatible with the people already living at The Orchard.

People's care and support was planned and delivered in line with their individual preferences. People had been supported to develop a 'one page profile' which outlined what was important to them and how they wished to be supported to provide guidance to staff. One person told us "The staff have really taken their time to get to know me, they know if I am in a bad place and know exactly how to help me." One member of staff told us "The care plans here are good. We review them every month with the people that live here and they provide us with good guidance. When I first started they really helped me get to know people here." Staff were knowledgeable about people's care and support needs and provided care in line with people's preferences.

People's changing needs were assessed and their care plans were updated. Staff were informed of people's changing needs at handovers such as a decline in a person's mental health. One person told us that staff were sensitive to changes in their needs; they told us "The staff know if I am not myself and give me extra support. For example, when I am unwell I need staff to help me get washed and they always know if I need that help." Where people required less support and had become more independent their plans of care were updated to reflect that staff should provide less intensive support to continue to encourage people to increase their independence.

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 and were supported to achieve their aims and aspirations. For example we saw that one person had set themselves a goal to improve their fitness and general health. This person told us "My keyworker is helping me to join the gym. We have set a date to go together so I can join and do the induction session and go regularly."

People knew how to make a complaint and had confidence that if they did complain this would be managed appropriately. There had not been any complaints. The registered manager was aware of the provider's policy in relation to managing complaints and encouraged people and their relatives to provide feedback about the home.

Is the service well-led?

Our findings

There was a registered manager in post who was visible and accessible to the people living in the home. One person told us "The manager here is very good. If you ever have any problems we can always talk to them." Staff commented that they had confidence in the management and felt that the home was well led. One member of staff told us "Even though the manager is covering another service at the moment they are always on hand if we need support or advice. They are very calm and set high standards for us to follow."

We observed people living in the home spend time with the registered manager throughout the inspection and it was evident that people felt able to approach the registered manager and felt comfortable in their presence. It was clear that there was a culture whereby the views of people living in the service were valued and that staff were empowered to provide person centred care and support.

The provider had an effective quality assurance system in place to monitor the quality of the service provided by the home. This included regular audits completed by the registered manager, area manager and the provider. Audits covered key areas such as the environment, health and safety, staff training and people's plans of care. When areas for improvement had been identified these were targeted and improvements were monitored. For example an audit completed in October 2016 had identified that one person's care plan required updating, an action plan was implemented and this care plan was quickly updated. The audits completed by the provider also considered people's experience of receiving care and support in the home and sought people's feedback; which had been positive.

People's views about the service were used to make improvements that people wanted. Regular residents meetings were held with people using the service. Minutes from these meetings showed people were given an opportunity to give ideas and suggestions about improvements they would like to see made. Staff had taken appropriate action. For example, where people had expressed a wish to go on holidays or outings, staff supported people to make arrangements to do this. People's annual reviews showed their views were taken into account when reviewing and planning their on-going and future care and support needs.

The home had policies and procedures in place which covered all aspects relevant to operating a care home which included safeguarding and recruitment procedures. The policies and procedures were detailed and provided up to date guidance for staff. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role. The registered manager had submitted notifications to the CQC when required, for example, as a result of safeguarding concerns.