Praxis Care

Rose Orchard

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 28 January 2016 and was unannounced.

The provider of Rose Orchard is registered to provide accommodation with personal and nursing care for up to five people with learning disabilities. At the time of this inspection three people lived at the home.

The registered manager was in post and they were present at our 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 staff who knew how to recognise and report any concerns so people were kept safe from harm. There were sufficient staff on duty to respond to people's individual needs at the times they needed support. People were helped to take their medicines by staff who knew how to manage these in line with safe principles of practice.

Staff respected people's rights to make their own decisions and choices about their care and treatment. People's permission was sought by staff before they helped them with anything. Staff made sure people understood what was being said to them by using a range of communication methods. These included gestures, short phrases or words. When people did not have the capacity to make their own specific decisions these were made in their best interests by people who knew them well and were authorised to do this.

Staff met people's care and support needs in the least restrictive way. Where it was felt people received care and support to keep them safe and well which may be restricting their liberty the registered manager had made applications to the local authority. These actions made sure people's liberty was not being unlawfully restricted.

Staff had been supported to assist people in the right way which included helping people to eat and drink enough to stay healthy and well. People had been assessed for any risks associated with eating and drinking and care plans had been created for those people who were identified as being at risk.

People were supported to access health and social care services to maintain and promote their health and well-being.

People were treated with kindness, compassion and respect. There were many examples of staff showing they cared for people and appropriately used the warmth of touch. Staff promoted what people could do and supported people with dignity when they needed assistance. People's right to private space and time to be alone and with their relatives was accepted and respected.

People indicated to us with verbally with a mixture of words, facial expressions and body language they were happy with the support they received from staff. People received care and support to meet their diverse needs including their complex health conditions. Staff offered people the opportunity to pursue their interests and try different things for fun.

There were good arrangements in place for receiving and resolving complaints which took into account people's individual needs.

The views of people who lived at the home and their relatives were sought to develop the service and quality checks had also been done to make improvements. The registered manager had strong values about encouraging inclusive opportunities for all and people benefitted from staff being involved in good practice initiatives.

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 by staff who had the insight into recognising and reporting abuse in order to keep them as safe as possible. Risks to people had been identified so the right equipment and aids were sought in order to meet people's needs in the safest way. People's needs were met and responded to by sufficient suitably recruited staff. People's medicines were made available as prescribed as they were effective management arrangements in place.

Is the service effective?

Good

The service was effective. Staff had the knowledge and skills required to meet people's individual needs and promote their health and wellbeing. Staff worked closely with local healthcare services and people had prompt access to any specialist support they needed. People were supported to make their own decisions wherever possible and staff had a good understanding of how to support people who lacked the capacity to make some decisions for themselves. Food and drink were provided to a good standard and in line with people's eating and drinking guidelines.

Is the service caring?

Good

The service was caring. Staff were kind and caring towards people, knew them well and respected their dignity and privacy. People were consulted about their care and enabled to express their views. Staff understood the importance of people's relationships and visitors were made welcome.

Is the service responsive?

Good

The service was responsive. People received personalised care that was responsive to their changing needs and preferences. People's social and recreational interests had been considered. Complaints procedures were in place in formats to empower people in raising any concerns they had so these were responded to and addressed.

Is the service well-led?

Good

The service was well led. People and their relatives were

encouraged to voice their opinions and make suggestions for service improvement. The registered manager showed an open, accountable leadership style and staff at all levels worked well together. The audit systems and the registered manager's passion to consider good practice initiatives contributed to people receiving a consistently good standard of care.

Rose Orchard

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 January 2016 and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

We looked at the information we held about the provider and the service. This included information received from the local authority commissioners, clinical commissioning group and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We met with all the people who lived at the home and saw the care and support offered to people at different times of the day. They were able to tell us how they felt by using a mixture of verbal communication, facial expressions and body language. We spoke with one relative on the day of our inspection and a further relative by telephone following the day we spent at the home.

An external professional shared with us their views of the care people received by telephone and a further external professional provided their written views of the standard of care at the home.

We spoke with the registered manager and three staff members. We looked at the care records of three people, the medicine management arrangements and at records about staffing, training and the quality of the service.

Good

Is the service safe?

Our findings

People showed us they felt safe living at the home. The registered manager introduced us to all the people who lived at the home and we saw people were relaxed in their presence as they smiled in response as conversations were shared. We saw people were also relaxed in the presence of staff who supported them and chatted with them. This was an indicator people felt safe and comfortable with the registered manager and their staff team. Relatives spoken with confirmed what we saw and they told us they had no concerns about how staff treated people.

Staff confirmed with us how they made sure the safety of people who lived at the home. They knew people well and were able to describe the individual changes in people's mood or behaviour and other signs which may indicate possible abuse or neglect. They were clear about who they would report any concerns to and were confident that any allegations of harm or abuse would be investigated fully by the registered manager. Staff said, where required, they would inform external organisations of any concerns they had. This included the local authority and the Care Quality Commission (CQC). Staff said, and records showed, they had received training in how to keep people safe from abuse and there were up to date policies and procedures in place to guide staff in their practice in this area.

The registered manager told us how they promoted and managed people's safety. They shared with us how they had made sure staff practices did not cause any harm to people. This included taking the necessary actions to make sure staff did not fall below the safe standard of care expected.

We looked at three people's care records and saw a wide range of possible risks to each person's wellbeing had been considered and assessed, such as people's physical needs, skin care and health conditions. For example, for one person who needed specialised equipment to meet their needs. There was detailed information for staff to follow to help maintain the safety of the equipment to ensure it worked effectively to reduce risks to the person. Staff spoken with and the records seen noted staff had taken action when they recognised the person required hospital treatment to manage the risks to their wellbeing. For another person, who had a health condition it had been noted by external professionals this had been managed very well due to the staff practices which had helped to reduce the risks to the person's wellbeing. We saw staff helped people to take reasonable risks so they could lead full lives of their choosing. This included encouraging people to assist with different tasks in the kitchen area of their home and or experiencing new things, such as taking swimming lessons.

We looked at the arrangements for the storage, administration and disposal of people's medicines. We saw there was a sufficient supply of medicines and they were stored securely. The registered manager told us all staff who administered medicines had been trained to do so. This was confirmed by staff we spoke with. We saw staff put their training into practice as they correctly followed the written guidance to make sure people received the right medicines at the right times. Staff showed us they understood the circumstances about when to give people their medicines to meet their needs. For example, when people were in pain and or needed their medicines for their emotional wellbeing. Staff told us people's medicines were reviewed in consultation with their doctors to make sure these continued to be effective. We saw where people's

medicines needed to be adjusted action had been taken so risks to people's wellbeing continued to be reduced.

We saw the provider had safe recruitment processes in place. We looked at three staff recruitment files and saw that references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure only suitable people were employed to work with people who lived at the home. Staff spoken with confirmed they had all undergone an interview, completed application forms and DBS checks before they started their induction to work at the home.

Throughout our inspection we saw staff had time to meet people's care and support needs, without rushing. For example, we saw staff helped individual people with their lunchtime meal where support was required. Each staff member took the time to support each person patiently, enabling them to eat their meals in the way they preferred with staff chatting with them so meal times were a pleasant experience for people. We also saw there were sufficient staff to respond to people's needs at the times they needed this, such as noticing when one person wanted to go back to their room to relax to ease their anxieties. The registered manager showed us they had assessed and kept staffing levels reviewed against the complexities of the needs of people who lived at the home. Staff told us they believed there were sufficient staff on duty to meet people's individual needs. They said if there was an increase in the amount of support a person needed staffing levels would be adjusted to meet people's needs and this was also confirmed by the registered manager. Relatives spoken with had no concerns about the staffing arrangements at the home and felt due to the smallness of the service people received a lot of attention from staff who they knew well. One relative said they believed this was important as people needed staff to understand their preferred ways and communication needs.

Good

Is the service effective?

Our findings

When we asked people about the staff who supported them, their responses were positive. A person told us they were happy with how staff helped them. One relative we spoke with told us staff had the skills and knowledge to support their family member with their needs. Another relative told us, "I would not be able to walk away if I was not confident [person's name] was safe and had the right care."

Staff told us they had an induction when they started working at the home which included working different shifts so that they became familiar with people's needs and routines. We spoke with a staff member who confirmed their induction included shadowing established staff. Staff were provided with regular supervision and support. One staff member said, "[Registered manager's name] is very supportive, best place I have ever worked." Another member of staff told us, "We get feedback in meetings; there is always something we can do to improve." Shift handover meetings, a communications noticeboard, written notes and regular staff meetings were used to ensure staff kept up to date with changes in people's care needs and any important events.

Staff showed they had a good understanding of each person's individual needs and were confident they had the knowledge and skills to meet them. A staff member told us, "Training is excellent here. [Registered manager's name] is brilliant, if there is anything you want to do, she will support you." We saw people who lived at the home had complex needs which included life limiting health conditions. To enable staff to have the knowledge and skills to meet people's needs the registered manager had taken an active approach to their staff teams learning. For example information and training was available to staff to support their understanding of how people's specific health conditions affected the individual person which included tracheotomy care, diabetes and infections. This included the signs and symptoms and what they needed to do to meet people's needs.

We saw many examples where staff used their knowledge and skills in communication in order to effectively meet people's needs. The examples of staff practices showed us they noticed when a person with limited verbal communication needed support to go to their room and or do something they liked. This had a positive impact on people's quality of life and showed staff applied their skills and knowledge in meeting the specific needs of each person. The registered manager had links with specialist organisations who provided specific guidance and training linked to best practice in the delivery of people's care. For example, there were links with the local hospice where staff had the opportunity to share practices around end of life care which included the use of equipment and medicines to meet people's needs at this time of their lives. A staff member said, "We just want to make life easier for people so our learning is important." Training records showed and staff told us they had also completed varying levels of recognised qualifications in health and social care to a level to meet people's needs.

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. We found staff had received training in the (MCA) and had a good understanding about how they made sure best interest decisions were sought when required. We saw staff sought people's consent. They could interpret people's actions which showed them the person agreed to the support being offered which indicated people's consent was being obtained.

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). At the time of our inspection, the registered manager had sought a DoLS authorisation for all people who lived at the home. This was to make sure people's rights were protected and they could continue to receive the care and support they needed. We also saw, where people did not have the capacity to make significant decisions for themselves, the registered manager had arranged a meeting of relevant people to discuss and agree what was in the person's best interests.

People we spoke with told us they liked the meals. This was supported by the comments we received from a relative about the meals people received. They told us, "The meals are good." People were supported to eat and drink sufficient amounts of food and drink they liked. We saw people were supported by staff with drinks and snacks. Staff told us people were involved in choosing their own meals by using their own preferred method of communication. Staff we spoke with had a detailed understanding of each person's dietary needs and their preferences. Records reflected people had an assessment to identify what food and drink they needed to keep them well and what they liked to eat. Care plans showed people received support from other health professionals such as speech and language therapists when necessary in order to assess their nutritional needs.

Staff made sure people had the support of local healthcare services whenever necessary. From talking with staff and looking at people's heath action plans, we could see people's healthcare needs were monitored and supported through the involvement of a broad range of professionals. This included doctors, occupation therapist's, physiotherapists, the community learning disabilities team and palliative care specialists. One external professional who had supported a number of people who lived at the home commented in writing which read, 'I find the service to be very professional and highly competent at meeting the complex needs of service users on my caseload.' One person had a health need which required regular monitoring. Staff we spoke with were aware of recommendations from a health professional regarding the person's health issues and we saw staff encouraged the person to follow these recommendations. This showed that an individual approach was taken so that people were supported to maintain their health and well-being which was confirmed by another external professional. They told us they found the registered manager to be extremely responsive in meeting the needs of a person who had complex needs.

Good

Is the service caring?

Our findings

People indicated they liked the staff. Throughout our inspection we saw staff showed they were fond of the people who lived at the home by their caring actions when communicating and providing care. People who visited the home were also very complimentary of the care received by their family members. One relative told us, "Staff are nice and friendly." Another relative said, "They (staff) are very caring [person's name] is content and I would know if they were not. The staff are all very welcoming to me with a cup of tea always offered." We saw several examples of the provider's commitment to supporting people's friends and relatives. For instance, tea and coffee were available to visitors and people who lived at the home spent time with their families away from the home.

We saw that staff were kind and patient and spoke to people politely. They knew people well and we saw they supported people in a warm and caring way while they chatted with people about their family and the things they wanted to do.

Staff were seen checking whether people were comfortable, warm enough, or had the aids they required to meet their needs. We found staff knew people well and understood how to communicate with people to respond to their diverse needs in a caring and compassionate way. For example we saw they took time to make sure a person's arm was comfortably supported with their aid.

There was a calm, relaxed atmosphere in the home and, throughout our inspection, we saw staff supported people in a warm and caring way. For example, we saw staff made time to sit with people and chat with them. Sitting down beside one person, a staff member said, "What colour (nail varnish) would you like? Another staff member assisted a person to eat their lunch. They supported the person to finish their meal and gently cleaned their hands, chatting in a kind way throughout.

In the information we requested from the provider [the PIR] the registered manager confirmed, 'Rose Orchard has strong person centred approach to delivering care and support, this includes using effective communication strategies to ensure that people can inform us of their needs and choices; this is underpinned by working closely with family members to identify an individuals likes, preferences and humour.' On the day of our inspection we saw the registered manager and their staff team showed they had a strong commitment to providing care which was centred on each person. A staff member told us, "Person centred approach is about treating people as individuals not a blanket approach. We (the staff team) look at people's preferences and promote their choices." Staff also reflected this approach in the way they supported people to make choices about their care and retain their own levels of independence. For example, a staff member patiently supported a person as they checked what they would like to say in their message as they wrote it down so the person could then independently type their own message on their phone.

Throughout our inspection we saw evidence of the provider's commitment to giving people as much choice and control as possible. For example, in the lounge we saw a staff member painting some people's nails with both people's separate collections of nail varnish colours displayed so people could choose the colour

they wanted. People's choices were readily accepted.

We saw the staff team supported people in ways which took account of their individual needs and helped maintain their privacy and dignity. We saw the registered manager and staff knew to knock on the doors to private areas before they entered and were discreet when they supported people with their personal care needs. A staff member told us, "I keep people covered and dignified at all times." We heard staff spoke with a person about a cultural event which showed staff valued people's own beliefs and identity.

The registered manager told us that they were aware of local advocacy services and had made use of them in the past. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. The registered manager told us they had sought the input of an advocate to support someone with a significant decision which needed to be made.

Good

Is the service responsive?

Our findings

One person we spoke with said staff helped them with all of the practical everyday support they needed. They told us and showed us how staff had attended to their needs and considered their preferences. For example, they showed us the items which were important to them in their room and how they had been supported by staff in making their room personal to them. Relatives we spoke with were positive about the care people received. A relative told us, "They really know [person's name] and I never worry the care and support she receives is not what she needs and wants. They (staff) are great in knowing what works."

The registered manager told us she visited each person, "where they are" to carry out an initial assessment of their care and support needs and to make sure their needs could be suitably met. If the person then moved, a full care plan was prepared which captured each person's needs and preferences. They provided information about people's preferences and needs and how their medical condition might impact on their life. For example we saw in a person's care records and heard from staff how they responded to the needs of a person who was susceptible to infections. We saw all the equipment staff needed was in place and they used this to ensure they responded effectively when meeting the person's needs. In the PIR the registered manager stated, 'Service users are provided with individual support and any adaption's they require to enjoy eating and drinking as safely as possible.' During our inspection we saw this was the case as new cups were delivered which were adapted to respond to people's needs but also showed value was placed in supporting people to maintain their own levels of independence.

We could see the provider had requested support or guidance from other professionals in order to meet individual needs. For example in the PIR the registered manager confirmed staff received bespoke training, such as from the infection control team to provide not only training but assurance to staff and visitors when a person had an infection. External professionals were highly complementary about how the registered manager and staff had responded to people's needs. For example, an external professional wrote, 'Staff contact me appropriately, to raise any concerns or to highlight any changes. All advice I've given has been followed and implemented thoroughly.' We saw people's care plans were reviewed regularly and people and their relatives had the opportunity to be involved.

As part of our inspection we saw a staff handover meeting was conducted. Staff showed they had a detailed knowledge of the health and emotional needs of the people living in the home and ensured any issues were followed up promptly. For example, staff discussed how to help someone continue to eat safely with the quiche which was offered to them without compromising their enjoyment with the tastes of food.

People were encouraged to personalise their room and we could see people had their own photographs and other souvenirs on display in their room. The registered manager told us people could choose what colours they liked in their rooms which included bed linen. We met a person who had taken advantage of this opportunity and had chosen their favourite colour in the different accessories in their room.

People were supported to access recreational and leisure pursuits which were important to them. We found that there was a wide variety of activities available for people based on what people had expressed they

liked doing. For example, one person liked writing and using art and craft materials to express themselves and happily showed us some items which they had recently purchased. We saw and heard staff supported the person in pursuing their particular hobby which included trips to the shops to gain further materials. Another person enjoyed swimming and staff supported them in doing swimming lessons. Staff also supported people with their sensory needs, such as, lights and We saw and heard people were supported in going to events which were planned around people's likes and dislikes. During our inspection two people were going to a pantomime in the evening and were excited at this prospect. People's interest choices were discussed regularly and this enabled options of new fun and interesting things to be considered.

People who lived at the home would need their relatives and staffs support to enable them to raise their concerns if they were unhappy about any aspect of their care. Relatives spoken with had no concerns to share with us but confirmed if they did they would speak with the registered manager. A relative told us if they had any concerns they, "Would speak with [registered manager's name] as I am always at the home and I know without a doubt they would put it right." There was a complaints procedure available to people in an easy read format and their relatives, although there had been no formal complaints recorded in the previous 12 months. The registered manager said they believed this was because they spent a lot of time with people who live at the home and relatives so if there are any concerns and or improvements which are needed these are dealt with there and then.

Good

Is the service well-led?

Our findings

People showed us that they knew who the registered manager was and liked living at the home. We saw the registered manager chatting with people who lived at the home and with staff. They had a good knowledge of the care each person was supported with. We saw there was a warmth between people and the registered manager during communications where people smiled, laughed and touch was used. The registered manager showed us they knew about important points of detail. For example, which staff members were on duty and what they were supporting people with on the day of our inspection. This level of knowledge supported the registered manager to run the service people received effectively so people could be supported in the right way.

Throughout our inspection we saw there was an open and welcoming culture in the home. Relatives and the external professionals spoken with told us how highly they thought of the service people received and the registered manager. Relatives spoken with believed the management arrangements were effective as their family members were happy and enjoyed living at the home. A relative told us, "If I walked the world I would not be able to find a better place." External professionals spoken with confirmed they had every confidence people were provided with good quality care and the registered manager was always available to discuss people's complex needs. An external professional wrote, 'The home is always maintained to a high standard of cleanliness, and offers a welcoming, homely environment (as far as it is practical to do so, given the nursing needs of the residents).'

There was open communication with people and their relatives because the registered manager and her staff team regularly spoke with people and visitors about their care. This was also confirmed to us by relatives spoken with. We saw evidence of compliments received from relatives which were used together with meetings to capture people's views about the services provided. The registered manager had developed a newsletter which they believed was another effective way of communicating with relatives and visitors.

We saw that staff worked together in a friendly and supportive way. One staff member said, "Teamwork is good here. I would recommend it to others." Another staff member told us, "We are like a family." There were regular staff meetings and confirmed these were a good forum for sharing their views. A staff member told us, "We are encouraged to air any issues openly in the staff meeting. At the last meeting we raised an issue and the managers are now monitoring the situation." Staff showed a clear understanding of their roles and responsibilities within the team structure and also knew who to contact for advice outside the service. Staff knew about the provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about how the running of the home or the company, which could not be addressed internally.

Staff told us they felt well supported by the registered manager. One member of staff told us, "I have a very good relationship with [registered manager's name] and feel listened to. Her door is always open and I am never afraid to go in. She's brilliant." Another staff member said, "The managers do sort things out here." Throughout our inspection the registered manager showed they had a very open and accountable leadership style. For example in the way they actively responded to improving accessibility to enable people

to go on outings by staff undertaking driving tests so their competence to drive the minibus could be confirmed.

The registered manager was supported by regular visits made by the assistant director who visited regularly and spoke with people and staff. There was evidence regular checks were completed on all aspects of the services provided, such as the safety of medicines, infection control and the environment. We found the registered manager had maintained the consistency of these checks and improvements were made as required. For example, they had also taken action when recommendations had been made by commissioners. This is because staff had now received fire warden training in addition to their annual fire training.

The registered manager had a clear vision for the future of the service. They told us they recognised the importance of the service in providing a local resource for people with learning disabilities and complex health care needs. They worked closely with a number of health and social care professionals who had consulted with them about the complex care people needed. They had also sought guidance about delivering safe care and treatment as they needed to. They reviewed updates and information on new initiatives to drive their performance. For example, they were passionate about providing people with end of life care which was centred on each person's wishes. They worked with local hospice staff so they could share their experiences and any issues in regards to providing people with the best care they could at the end of their lives in their preferred place of care.