

Orione Care Caroline House

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection took place on 3 June 2015 and was unannounced. At the last inspection on 29 October 2013 we found the service was meeting the regulations we looked at.

Caroline House is a small home which provides care and accommodation for up to five adults with a learning disability. At the time of our inspection there were four people living in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Friends and relatives told us people were safe at Caroline House. Staff knew how to protect people if they suspected they were at risk of abuse or harm. They had received training in safeguarding adults at risk and knew

Summary of findings

how and when to report their concerns if they suspected someone was at risk of abuse. The provider had a formal procedure in place for staff to follow to ensure concerns were reported to the appropriate person.

Where risks to people had been identified because of their circumstances and specific needs, there was guidance for staff on how to minimise these in order to keep people safe from injury or harm in the home and community. Regular maintenance and service checks were carried out at the home to ensure the environment and equipment was safe. Staff kept the home free of obstacles so that people could move freely and safely around.

There were enough suitable staff to care for and support people. The provider had carried out appropriate checks to ensure they were suitable and fit to work at the home. Staff received relevant training to help them in their roles. Staff felt supported by the registered manager and were provided with opportunities to share their views and ideas about people's experiences could be improved. Staff had a good understanding and awareness of people's needs and how these should be met. The way they supported people during the inspection was kind, caring, and respectful.

People were supported to keep healthy and well. Staff ensured people were able to promptly access other healthcare services when this was needed. Medicines were stored safely, and people received their medicines as prescribed. People were encouraged to drink and eat sufficient amounts to reduce the risk to them of malnutrition and dehydration.

Care plans had been developed for each person using the service which reflected their specific needs and preferences for how they were cared for and supported.

People's beliefs and values were respected. Care plans gave guidance and instructions to staff on how people's needs should be met. People were appropriately supported by staff to make decisions about their care and support needs. These were discussed and reviewed with them regularly.

The home was open and welcoming to visitors and relatives. People were encouraged to maintain relationships that were important to them. People were also supported to undertake activities and outings of their choosing. People said they felt comfortable raising any issues or concerns directly with staff. There were arrangements in place to deal with people's complaints, appropriately.

The registered manager demonstrated good leadership. They sought people's views about how the care and support they received could be improved. They ensured staff were clear about their duties and responsibilities to the people they cared for and accountable for how they were meeting their needs.

The provider and registered manager carried out regular checks of key aspects of the service to monitor and assess the safety and quality of the service that people experienced. The registered manager took appropriate action to make changes and improvements when this was needed.

The registered manager had sufficient training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to understand when an application should be made and in how to submit one. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff knew how to recognise abuse and to report any concerns they had, to ensure people were appropriately protected. There were enough staff to care for and support people. The provider had carried out checks of their suitability and fitness to work at the home.

Plans were in place to minimise identified risks to people's health, wellbeing and safety in the home and community. Regular checks of the home and equipment were carried out to ensure these did not pose a risk to people.

People received their prescribed medicines when they needed them. Medicines were stored and administered safely.

Good



Is the service effective?

The service was effective. Staff received regular training and support to ensure they could meet people's needs. The registered manager knew what their responsibilities were in relation to the Mental Capacity Act 2005 and DoLS.

Staff supported people, where possible, to make choices and decisions on a day to day basis. When complex decisions had to be made staff involved health and social care professionals to make decisions in people's best interests.

People were supported by staff to eat well and to stay healthy. When people needed care and support from other healthcare professionals, staff ensured people received this promptly.

Good



Is the service caring?

The service was caring. People said staff were kind, caring and respectful.

People were involved in making decisions about their care. Their views were listened to and used to plan their care and support.

Staff respected people's dignity and right to privacy. People were supported by staff to be as independent as they could be.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and care plans were in place which set out how these should be met by staff. Care plans reflected people's individual choices and preferences for how they received care and support.

People were encouraged to maintain relationships with the people that were important to them. People were supported to live an active life in the home and community.

People told us they were comfortable raising issues and concerns with staff. The provider had arrangements in place to deal with complaints appropriately.

Good



Is the service well-led?

The service was well led. People's views about the quality of care and support they experienced, were sought. Staff acted on people's suggestions for improvements.

Good



Summary of findings

The registered manager demonstrated good leadership. They ensured staff were clear about their roles and responsibilities to the people they cared for. Staff said they felt supported by the registered manager.

The provider and registered manager carried out regular checks to monitor the safety and quality of the service.

Caroline House

Detailed findings

Background to this inspection

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

This inspection took place on 3 June 2015 and was unannounced. It was carried out by a single inspector. Before the inspection we reviewed information about the service such as notifications they are required to submit to the Commission.

During our inspection people using the service were unable to share their experiences with us due to their complex needs and ability to communicate verbally. In order to understand their experiences of using the service we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, service manager and one support worker. We looked at records which included two people's care records, two staff files and other records relating to the management of the service.

After the visit we spoke with one relative and two friends of people using service and asked them for their views and experiences of the service.

Is the service safe?

Our findings

Friends and relatives told us people were safe at Caroline House. A relative said, "I've got no worries. I think the home is safe for [family member] now." A friend of one person told us, "It's absolutely safe. There is always someone on duty."

Staff knew how to protect people from abuse, neglect or harm. Staff received training in safeguarding adults at risk. This was regularly refreshed. Staff explained the signs they would look for to indicate someone could be at risk and what actions they would take to protect them. The provider had a policy and procedure in place which set out the steps staff should take to report a concern. Staff said they would follow the procedure and report their concerns to the registered manager or to another appropriate authority such as the police or local council. Staff also told us there was a whistleblowing hotline which they could call if they wanted to anonymously report any concerns they had. The number of the hotline was displayed in the main office so this was easily accessible to staff.

Where there were risks to people in the home and community, there were plans in place to ensure these were minimised. During the planning of people's care, staff assessed how their circumstances and needs put them at risk of injury and harm in the home and community. Using the information from these assessments, plans were developed which instructed staff on how to minimise these risks when providing people with care and support. Records also showed there was guidance for staff on how to protect and keep people safe in the event of an emergency. For example, in the event of a fire, staff had carried out a fire safety risk assessment which included a personal emergency evacuation plan (PEEP) for each person using the service.

Staff had a good understanding of the specific risks to each person at the home and what they should do to protect them. We observed how staff used this knowledge to protect people in the home, for example when supporting people to move around the home. A friend of one person using the service told us, "Someone is always walking behind [friend] to make sure they don't fall." Staff kept the home free of unnecessary obstacles so that people could move around safely. Where any new risks had been identified people's records were updated promptly so that staff had access to up to date information, to ensure

people were protected. Information was also shared by all staff through meetings so that they were aware of any changes and what they needed to do to support people appropriately.

There were enough suitable staff to care for and support people. The registered manager had planned the staffing rota in advance. The rota had been planned to take account of the level of care and support each person required each day, in the home and community. For example on days when most people were undertaking activities in the community or attending health appointments, staff numbers were increased to ensure each person's needs could be met safely. When a staff member accompanied one person to the local GP for an appointment in the afternoon, there were enough staff in the home to support the people who were at home. We observed throughout the day, staff were present and assisting people promptly when needed.

The provider had appropriate recruitment procedures in place to ensure staff were suitable and fit to work at the home. Records showed as part of this process employment checks were carried out and evidence was sought of; people's identity, which included a recent photograph, eligibility to work in the UK, criminal records checks, qualifications and training and previous work experience such as references from former employers. Staff also had to complete health questionnaires so that the provider could assess their fitness to work.

People were supported by staff to take their prescribed medicines when they needed them. These were stored safely in a lockable cupboard. Each person had their own medicines administration record (MAR sheet) and staff signed this record each time medicines had been given. We found no recording errors on any of the MAR sheets we looked at. Medicines were clearly labelled and in most cases with people's photograph printed on them so that the risk of staff administering this to the wrong person was minimised. Checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MAR sheets. Training records showed staff had received training in safe handling and administration of medicines and this was refreshed on a regular basis.

The environment and the equipment in the home were regularly checked to ensure these did not pose unnecessary risks to people. Regular service and

Is the service safe?

maintenance checks of the home and equipment had been undertaken. Records showed regular checks had been made of fire equipment and systems, alarms, emergency lighting, water hygiene, portable appliances, gas and heating systems.

Is the service effective?

Our findings

Staff received regular training to enable them to meet the needs of people using the service. Records showed each staff member had a personal training plan which detailed their required training needs. These indicated staff attended courses regularly in topics and areas relevant to their work and which the provider considered mandatory. Staff confirmed that they received training to help them in their roles. Staff training records also indicated these were being monitored by the registered manager to identify when staff were due to receive refresher updates to keep their knowledge and skills up to date. The registered manager confirmed they reviewed staff's training needs with them through one to one meetings and annual appraisal.

Staff also received regular support from the registered manager through individual one to one meetings. Records showed staff met with the registered manager regularly and were provided with opportunities to discuss any work based issues or concerns and their learning and development needs. A staff member told us they had regular one to one meetings with the manager and felt well supported by them.

The registered manager had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a care home only deprives someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them. The registered manager had a good understanding and awareness of their responsibilities in relation to the MCA and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body.

Records showed people's capacity to consent and to make specific decisions was assessed and reviewed by staff. People's records contained information about their level of understanding and ability to consent to the care and support they needed. This gave staff important information about when people were able to make choices and decisions and how staff could support them to do this. For example when people were helped by staff with getting dressed they were offered a choice of outfits to choose from. A staff member told us when they supported people

they offered them choice and respected the decisions they made. Where people were not able to make complex decisions about specific aspects of their care and support, for example where they had needed medical treatment, best interests meetings had been held with their relatives and other healthcare professionals involved in their lives to ensure appropriate decisions were made.

Staff did not use restraint or other restrictive practices in situations where people's behaviour may have challenged others. People's records showed there was guidance for staff about the techniques and strategies they should use to positively distract people when they became anxious or upset. Staff demonstrated a good understanding about specific triggers and situations that could cause people to become upset and how they could support people in a positive way to distract and calm them if this should occur.

Staff ensured people ate and drank sufficient amounts to meet their needs. They encouraged people to choose what they ate and drank. As most people had complex communication needs, staff did this by using pictures and sign language to determine what people's preferences were so that they could plan meals that people wanted to eat. We observed during lunchtime people communicated what they wished to eat to staff. People needed minimal assistance to eat their lunch but staff were on hand if help was needed. People appeared relaxed and unhurried so that they were able to take their time to eat. Records showed staff monitored people's food and drink intake to ensure they were eating and drinking enough. People's weights were monitored on a monthly basis to ensure they were maintaining a healthy weight.

People were supported by staff to maintain their physical and mental health. The care and support people needed from staff to do this was documented in their records in health action plans. These contained important information about the support people needed to access healthcare services such as the GP or dentist. People's healthcare and medical appointments were noted in their records and the outcomes from these were documented. People also had a current hospital passport. This was important as this contained important information that hospital staff needed to know about them and their health in the event that they needed to go to hospital.

Records showed staff recorded and monitored daily, information about people's general health and wellbeing. Where there was a concern about an individual we noted

Is the service effective?

prompt action was taken by staff to ensure these were discussed with the registered manager and the appropriate support from healthcare professionals, such as the GP, was obtained. Outcomes from these referrals to professionals was documented. If these resulted in changes to the way

care and support was provided this information was communicated promptly by the manager to all staff to ensure they were aware of the appropriate support people needed.

Is the service caring?

Our findings

Friends and relatives of people told us staff were caring. A relative said, “[family member] is comfortable with staff and has a good rapport with them and they’re kind to her.” A friend of one person told us, “The care workers love [friend] and really do look after her.” Another friend said, “I would have no problem with someone I love being cared for there.”

During the inspection we observed interactions between people and staff. People appeared comfortable and relaxed in the presence of staff. Staff spoke to people respectfully and with warmth. We saw they involved people in making decisions about what they wanted. For example during lunchtime people were offered choices about their meal. Staff gave people time to communicate their needs and wishes and then acted on these. For example when people were asked after lunch what they would like to do in the afternoon, staff were patient and let people take their time to communicate what they wanted to do. We also observed staff were alert and quick to assist people when this was needed. In our conversations with staff we noted they spoke about people in a kind and respectful way.

Records showed staff sought and acted on people’s views when planning their care and support. People using the service had complex needs and most people were unable to communicate verbally. People’s records indicated how they expressed themselves through speech, signs, gestures and behaviours which helped staff understand what people wanted or needed in terms of their care and support.

People’s right to privacy and dignity was respected. A relative told us their family member, prior to moving to the home, needed a lot of support with their personal care.

Since moving to the home, staff had supported their family member to learn how to do some aspects of this for themselves, which the relative felt helped their family member regain their dignity. During the inspection we observed staff did not enter people’s rooms without their permission. Staff told us they supported people to maintain their privacy and dignity. This included ensuring people’s doors were kept closed when staff were supporting people with their personal care.

The service ensured confidential information about people was not accessible to unauthorised individuals. People’s records clearly stated that these could not be viewed without people’s permission. Records were kept securely within the home so that personal information about people was protected.

People were encouraged to be independent in the home and community. A friend of one of the people using the service told us “Independence is encouraged.” During the inspection people who were at home were supported by staff to undertake tasks and activities aimed at promoting their independence. For example, staff supported people with their laundry and encouraged people to fold up and put away freshly laundered clothes. We observed staff promoted people’s independence by enabling them to do as much as they could for themselves. For example, people were encouraged to eat their lunch with minimal assistance from staff. Staff only stepped in when people could not manage tasks safely and without their support. Records showed each person had time built into their weekly activities timetable for laundry, cleaning and personal shopping tasks aimed at promoting their independence. In the community, people were supported to attend the local day centre where they undertook activities and classes to promote confidence and independence.

Is the service responsive?

Our findings

People contributed to the planning and delivery of their care. Records showed people had attended meetings with their family members and/or with other healthcare professionals to discuss and plan how care and support should be provided to them. We saw information from these discussions was used to develop a care plan which set out how people's needs were to be met by staff. Care plans reflected people's specific likes and dislikes for how this should be provided as well as what was important to them, individually. There was detailed information for staff on how to provide care and support which enabled people to retain as much control as possible. For example, people's preferences for how and when they received personal care were noted such as when they needed help or prompting when washing.

The care and support people received from staff was tailored to their specific needs and wishes. Staff had discussed with people how their specific lifestyle choices and beliefs could be met by the service. For example, people were asked how their specific cultural or spiritual needs should be met and how staff could support them to achieve these. For example people who wished to attend church each Sunday were supported to do so by staff. In our discussions with staff it was clear they had a good understanding of the specific needs of people and how these should be met.

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. Each person had a designated keyworker. Records showed keyworkers met with people regularly to discuss their needs and any changes that were needed to the support they received. An annual review was also carried out of each person's care and support needs. These had been attended by people, their family members, social workers, staff and other relevant healthcare professionals involved in people's care. Staff responded appropriately to people's changing needs. A relative told us when their family member's mobility deteriorated, the service had made adaptations and adjustments to their bedroom and the bathroom to ensure they could retain their independence in the home in a safe way.

People were supported to pursue activities and interests that were important to them. An aromatherapist and musician visited the home regularly to undertake activities and sessions with people. In the community, people attended a local day centre during the week. People were encouraged to undertake activities and classes that matched their interests such as art and drama. People also undertook personalised activities with the support of staff. These included trips to the shops, attractions and meals out. We saw during the inspection final preparations were being made for a week long holiday that all of the people were taking, with support from staff.

People were supported to maintain relationships with those that mattered to them. A relative said staff made sure their family member stayed in regular contact with them. They told us staff supported their family member to come and visit with them in their home. A friend of one person told us they were welcome to visit them at the home as well as take them out on social outings. Another friend said, "It's a superb place. I'm only ever made to feel welcome when I visit." People had developed friendships outside of the home and staff encouraged people to maintain these. They invited people's friends to celebratory events such as birthday parties at the home. People were also supported to attend events or go on outings with their friends in the community.

People said they felt confident raising any concerns or issues they had with the registered manager and staff. A relative said, "I would feel comfortable raising any issues. They are quite approachable." A friend of one of the people in the home told us, "On one occasion I made a comment and it was followed up quickly and dealt with." The service had arrangements in place to respond appropriately to people's concerns and complaints. The service had a complaints procedure which detailed how people's complaints would be dealt with. A pictorial and easy to read version of this was displayed in the home which told people what to do if they wish to make a complaint or were unhappy about the service. People were told what help they could expect to get from staff to assist them in making a complaint and how their complaint would be dealt with.

Is the service well-led?

Our findings

People gave us positive feedback about the home. A relative said, “They give [family member] a good quality of life and I think [family member] is happy there.” A friend of one person told us, “It’s obvious that they care for and look after [family member]. There’s no doubt about that.” Another friend said, “[Registered manager] is running a happy place.”

The registered manager ensured there was an open and transparent culture within the service. People were encouraged to share their views and ideas about how the care and support they received could be improved. Records showed they were supported to do this through regular meetings with their keyworker as well as house meetings with all the other people in the home. As a result of these meetings staff had arranged for people to undertake activities that they wished to attend and also arranged for people to go together on holiday. People’s annual reviews showed their views were taken into account when reviewing and planning their on-going and future care and support needs. Staff ensured people were able to take part in meetings by using communication methods that enabled people to participate. For example signs and symbols and pictures were used to help people who were non-verbal to express their views.

Staff told us they were supported by the registered manager to express their views. Minutes from staff meetings showed their views about the care and support people experienced were sought. Suggestions and ideas

for how people’s experiences could be improved were discussed resulting in actions for staff to undertake to achieve this. For example, opportunities for new activities and social outings were sought to meet people’s wishes. A member of staff told us they were encouraged to contribute their ideas at these meetings.

The registered manager demonstrated good leadership in the home. Records of meetings held with staff showed regular discussions took place between them and staff on how the service was achieving its objectives in meeting the needs of people using the service. Through the keyworker system staff were accountable for ensuring that people’s individual needs were being met. The registered manager reviewed the outcomes of these meetings to ensure staff took appropriate action where this was needed. It was clear from speaking with staff they were aware of their roles and responsibilities to the people they supported.

The provider carried out checks of the home to assess the quality of service people experienced. These checks covered key aspects of the service such as the care and support people received, accuracy of people’s care plans, management of medicines, cleanliness and hygiene, health and safety, and staffing arrangements including current levels in the home, recruitment procedures and staff training and support. The registered manager told us they also carried out checks of the home environment and observed the care and support provided by staff on a daily basis. They used daily records maintained by staff to monitor that staff were undertaking their roles and duties as required.