

Trascare 2006 Limited

The Orchard

Inspection report

Malabar Fields
Daventry
Northamptonshire
NN11 4DP
Tel: 01327 878802

Date of inspection visit: 20 and 22 January 2015
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This unannounced inspection took place on 20 and 22 January 2015. 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 five people living at the home at the time of this inspection.

When we inspected the home on 11 February 2014 we asked the provider to take action to improve record keeping and this action has been completed.

There was 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People who used the service were well looked after by a staff team that had an in-depth understanding of how people wanted to be supported. Staff encouraged people to be as independent as possible and to make choices in their day to day life. Staff treated people with dignity and respect.

Staff were knowledgeable about the risks of abuse and the reporting procedures to follow if they wanted to raise

Summary of findings

any concerns. There had been some challenges in protecting people from the behaviours of others and a range of strategies were implemented to minimise the impact on people living in the home. We found there was sufficient staff available most of the time to meet people's individual care and support needs. Safe and effective recruitment practices were followed.

The procedures to manage risks associated with the administration of medicines were followed by staff working at the service. There were suitable arrangements for the safe storage, management and disposal of medicines.

People were supported to have sufficient to eat and drink to maintain a balanced diet and food choices were plentiful. Where there were concerns of potential malnutrition, specialist advice had been sought.

The manager had knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation, they knew how to make appropriate referrals to restrict people's liberty and ensured that people's rights were protected.

Staff received induction, training and regular supervision and appraisal which enabled them to carry out their jobs effectively. The arrangements for social activities, met people's individual needs.

There was a system in place to monitor the quality of the service and action had been taken when necessary to make any improvements.

Staff understood their role and had confidence in the way the service was managed.

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 not always safe.

People did not always feel safe and had been impacted upon by the challenging behaviour of some other people. However the provider had taken steps to try to maintain their safety including ensuring that additional staffing was in place.

Although staffing arrangements were disrupted by recent events in the home there was mostly enough staff available to keep people safe and to provide care and support to people when they needed it.

Staff knew how to identify abuse and what action to take to keep people safe.

Medicines were stored and administered safely.

Effective recruitment practices were followed.

Requires improvement



Is the service effective?

The service was effective.

Staff had the knowledge and skills to carry out their role.

Regular supervision and appraisal systems were in place for staff.

People had sufficient to eat and drink to maintain a balanced diet.

The manager and staff acted in accordance with the Mental Capacity Act 2005 and had a good understanding of meeting people's legal rights. The correct processes were being followed regarding the Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring.

Staff were creative in developing ways to increase people's independence and wellbeing.

People were supported to make choices about their day to day support needs and staff were respectful of their decisions.

Staff were confident in their knowledge of people's requirements and how to deliver their care and support.

People's dignity and privacy were respected and upheld by all the staff.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

Staff encouraged people to make day to day choices and increase their independence.

People's care plans were individualised and had been completed and reviewed with the involvement of people.

The provider sought the views of people and their family members.

Referrals were made promptly to healthcare professionals when assessments or treatment was required.

There was a complaints process and complaints were dealt with appropriately.

Is the service well-led?

The service was well led.

The service has a registered manager in post.

Quality assurance systems were in place and improvements to the service had been made as a result of these.

Monthly audits had been completed to check that the service was delivering quality care to people. Action plans were in place to make improvements where required.

The manager provided visible leadership to staff. Staff understood the philosophy of the service and how they can contribute towards this.

Staff had confidence in the management of the service and the support from their manager.

Good



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 unannounced inspection took place on 20 and 22 January 2015 and was carried out by one inspector.

We spoke with people who used the service and their family members. We did this so we could obtain their views

about the quality of care provided at the service. We also reviewed the data we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we undertook general observations in communal areas and we spoke with four people who lived at the home. We also spoke with friends and two relatives of people who used the service. We reviewed the care records of three people to see how people were encouraged and supported to carry out their daily routines. We spoke with eight members of staff including two managers and six care staff.

Is the service safe?

Our findings

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Staff understood their personal responsibilities to protect people in the home from harm and abuse. They understood the different types of abuse and had a clear understanding of how to report any concerns that they had to the manager and or external agencies such as the Local Authority or the Care Quality Commission. However they found it challenging to consistently protect people from behaviours shown by other people living in the home.

People told us that recently they had not always felt safe living at the home and that this was due to the behaviour of other people who lived there. One person said "I only feel safe about 50 percent of the time." Another person said "I don't like it, and sometimes I go to my room and stay there." We spoke with relatives of two people who used the service and they told us that their family members were not as happy as they had been previously, and that they had raised their concerns about this with the manager.

We found that the provider was supporting people whose needs sometimes challenged staff and others and observed that this had a negative impact upon other people who lived at the home. People felt that staff were often very busy and that sometimes their needs were not always met promptly. One person said "When the staff are very busy dealing with [name] we have to wait to talk to staff sometimes."

The manager had responded swiftly and proactively to this situation. They clearly recognised the effect upon the other people living in the home and had proactively taken a range of actions to minimise this. They were working closely with commissioners of care to help find a positive resolution to this situation and shortly after our inspection we were informed that this had been achieved and that this had significantly reduced risk to others in the home.

People could be assured that they were cared for by staff who were of good character and that they had undergone a robust and thorough recruitment process before starting to work in the home. The manager was clear about staff management processes and how they would respond where there were any concerns about staff conduct or where potential disciplinary action may be required.

The staffing arrangements in place were sufficient to meet people's basic care needs however the behaviour from some people challenged the service to such an extent that it disrupted the planned activities and routines of the home. Staff said that while the numbers of staff on duty were adequate for the number of people who lived at the service, they often had to respond to people's unexpected and changing needs. This meant that activities for other people could not always happen as planned.

The manager told us that they had requested additional staff to support people who lived at the service and although these staff had been in place since 15 December 2014 the disruption to the lives of others continued. We spoke with staff that had been allocated to the service and they were very familiar of the needs of people and what action they should take to provide support to people to keep them safe.

Following our inspection we were made aware that there had been changes within the service and that people were now more settled. The changes introduced meant people were now supported in a home that was safe and met their needs.

Is the service safe?

Procedures were in place for regular maintenance checks of equipment such as fire fighting equipment to ensure it was in working order. Personal emergency evacuation plans were in place for people that required assistance from staff in the event of an emergency. We spoke with staff that were familiar with the plans to help people to leave the property safely.

Medicines were managed safely. Staff showed us how they managed people's medicines and we saw that all medicines were obtained, stored and dispensed safely and accounted for.

Is the service effective?

Our findings

People received sufficient food and drink to meet their requirements. People were encouraged to take part in the planning of menus, shopping and cooking of food. We saw that there was a variety of foods available for people to enjoy. People's preferences such as vegetarian foods were catered for. One person said "I help to cook the vegetarian meals, and there is a healthy option every day." When people were at risk of not eating or drinking enough we noted that referrals had been made to specialists for advice and guidance. Another person told us that they were very pleased as they had been supported to lose weight and that staff had encouraged them with their diet and mobility which had helped them with this.

People's day to day health needs were met. Referrals had been made for people to access GP's, dentists and health care specialists for treatment and follow up appointments. People told us that they were able to see their GP when they had any problems. During our inspection we noted that one person was unwell and that staff made prompt arrangements for them to be seen by a GP

We spoke with staff who had recently joined the service and they said that the induction training had been very helpful. They told us it had provided them with information and guidance necessary to carry out their job. One staff member said "The staff team are very supportive and are

there to provide any guidance I may need." We noted that staff worked closely with the manager and other staff so that on going support and guidance was always available if issues arose during the working day.

Staff had access to on going training and development which included topics such as medication, food hygiene and health and safety. The training was delivered on a monthly basis and enabled staff to develop their knowledge and skills to meet people's needs.

Staff received six supervision meetings every year and had annual appraisals. Staff said that during supervision meetings with the manager they could discuss their future training and development needs and received feedback on their role and how well they supported the people they cared for.

The manager and the staff team had received training and understood their role and responsibilities under the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA sets out what must be done to make sure the human rights of people who may lack capacity to make decisions are protected. The DoLS are a code of practice to ensure that people are looked after in a way that is least restrictive to their freedom.

We found that the manager had submitted appropriate requests to restrict people's liberty to keep them safe and they were complying with the specific conditions applied to the individual authorisations.

Is the service caring?

Our findings

Staff developed positive caring relationships with people who said they were very caring. One person said, "The manager is a nice person to talk to, he does listen to me." Another person said, "When I have a problem I can go to [staff name] and they understand me and help me." We were told that when one member of staff was on their day off they would call in and ask if anyone wanted to come out for a walk with them and their dog. One member of staff said that they often accompanied people to attend a local disco. If people really enjoyed themselves they would stay on after their shift had finished so they could have more time enjoying themselves.

People's privacy and dignity was respected and they were able to spend time in their bedroom in private if they wished to. We observed that staff knocked on people's bedroom doors or asked people for their permission before entering their bedrooms. One person said, "The staff don't come into your room without asking, they are very

respectful." Another person said, "I love the staff, they treat me with respect." Friends and family members said that they were encouraged to visit whenever they wanted to and that there were no restrictions placed upon them.

Confidentiality was respected. Staff were aware that conversations held in the office may be overheard by people that were outside the door. Staff said they were mindful of this and ensured that the office door was closed or that a radio was playing so that information about people could not be overheard.

People were encouraged to talk about the service, how it was helping them and what they would like to achieve. One person said a member of staff had helped them a lot and had encouraged them to slowly make small gains so that now they were able to move around more independently. They said, "I've had a lot of help from [name], we put the plan together and I have a chart for my progress." People confirmed that they had been involved in developing and reviewing their care and support plans. One person said, "I have signed my care plans as I agree with them." We observed staff speak kindly to people and saw they used humour and touch when it was appropriate to do so.

Is the service responsive?

Our findings

People were involved in 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. For example, how they wanted their medicine to be given to them and what gender of staff they preferred to help them with aspects of their personal care. The manager said that they had taken people's requests into consideration when planning the staff rota so that there was always appropriate staff available to carry out any personal care. Most people had been encouraged to increase their independence and we observed people making day to day decisions about all aspects of their life. We saw staff supporting people so that they could carry out chosen activities and social arrangements as independently as possible.

People were also supported to maintain relationships with people that mattered to them. The home had transport to take people to visit friends, families or to attend social events if they were not able to make the journey safely on their own. We spoke with friends of people who used the

service and they said that people had been encouraged and supported to maintain their interests such as gardening and keeping pets. We noted that one person had a pet which they enjoyed looking after.

People told us that if they had any complaints they spoke with a member of staff. One person said, "The manager is a good listener and will sort things out." Relatives of people also said that they had spoken to the manager if they had any concerns. Recently there had been an increase in the number of concerns raised by people and their family members due to some behaviours which challenged staff and people who lived at the home. The manager was addressing these concerns but was often unable to give any details of progress to people or their family members due to confidentiality. We also noted that meetings had been held with people and their family members to discuss any complaints or concerns they had raised. One family member said, "we are perfectly happy with the responses we have had when we had to raise an issue."

The provider had an annual survey which people, staff, relatives and external professionals were encouraged to complete. The last survey was completed in August 2014 and the feedback obtained was positive. There were no areas of concerns raised and no actions highlighted for the manager to improve the service.

Is the service well-led?

Our findings

At our last inspection we found that some people's records had not been reviewed in a timely way. We asked the provider to make the necessary improvements. During this inspection we noted that the required improvements had been made.

People said that they liked the manager and the staff and felt able to talk to them if they had any problems. Staff told us that they liked working at the home and that they felt able to discuss any issues with the manager who was always available to them. Staff said that the manager was very good at listening to them and had supported them after they had successfully managed a difficult situation that involved supporting a person who was disruptive to others and regularly displayed behaviours that challenged. Staff also said that as the manager worked alongside them they knew what their strengths were and when to support them.

The provider had in place a system where managers could nominate a member of staff for the 'employee of the month'. The manager said they had identified a member of staff from the home and had nominated them in recognition of a personal achievement within the home.

The manager arranged for them to attend a 'staff strategy day' so that they could discuss the service and express any ideas for change. The staff member said that they were looking forward to the day as it gave them time away from the service to think about and plan how best to support people.

Staff were clear about whistleblowing which is a term used where staff alert the service or outside agencies when they are concerned about care practices or people's safety or welfare. Staff told us that they felt confident to whistle-blow if they had any concerns about the management or practices at the home. The manager said, "Staff are encouraged to raise concerns, whistleblowing is every body's right."

There were systems in place to monitor the quality of the service. The manager was supported by their manager who carried out monthly audits of the service. For example a review of people's medicine administration records (MAR) to ensure that all medicines had been administered and recorded appropriately. The results of all the audits were then fed back to the manager and we saw that a list of 'required actions' with the timescale and outcome had been included so that progress could be measured when improvements were needed. We noted that the manager had addressed the actions from the unannounced 'key performance audit' which had been completed the previous month.

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 health and safety and confidentiality.