The Sons of Divine Providence

Orione 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

Summary of findings

Overall summary

We inspected Orione House on 6 February 2017 and 9 February 2017. The inspection was unannounced on the first day and the second day was a continuation of the inspection. There had been a previous inspection of this service on 17 February 2015 where all of the regulations we inspected were met.

Orione House provides accommodation and personal care for up to 34 older people, including people living with dementia. At the time of inspection 25 people were using the service. The service is provided by Orione Care, the working title for the charity "Sons of Divine Providence." The home also has facilities and equipment to support people who use wheelchairs or hoists.

The home was managed by a registered manager. 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.

The service provided safe care for people. Although only a few people we spoke to could personally recall being involved in risk assessments or care planning, records showed that people who lived in the home had been involved in risk assessments and in planning the support they needed as far as they were able. The manager and staff had made some changes to the way people's care needs and plans were developed which improved the overall person centred approach to care. A serious incident relating to a fall had been the subject of an external investigation and had resulted in a review and retraining of staff in the home's policy and procedure regarding falls.

Care plans contained information about the health and social care support people needed and records showed they were supported to access other professionals when required. People were involved in making decisions about their care. Where people's needs changed, the provider responded and reviewed the care provided

The building was free from hazards and equipment was well maintained. Staff were trained in keeping people safe, in the use of specialised equipment such as hoists and in responding to any concern over poor treatment of people. We found the décor to be clean and that people's rooms were well maintained, warm and comfortable.

There were sufficient numbers of trained staff working in the home at all times and staff were supported by a management team and through regular training, supervision and appraisal. People we spoke with told us that when they needed assistance they did not have to wait a long time to receive it.

Where people lacked the capacity to make decisions for themselves staff had followed the requirements of the Mental Capacity Act 2005. Staff had received relevant training. The manager understood their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS) and knew how to apply it to

people in their care.

There was a relaxed atmosphere in the home and we saw staff interacting with people in a calm, polite and caring manner. Staff supported people as and when required and were aware of the communication needs of each person. There were activities on offer within the service, with a dedicated activities co-ordinator and the involvement of all staff.

People were supported at mealtimes and had choice regarding their preferred meal. Food was nutritious and hot.

The provider had a clear set of values that included the aims and objectives, principles, values of care and the expected outcomes for people who used the service. The service had quality assurance systems in place. These ensured people continued to receive the care, treatment and support they needed.

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. Staff were knowledgeable about safeguarding people from abuse and the action to take if they felt they were at risk. The service followed safe recruitment practices.

The risks associated with people's health and care needs were assessed and actions and care plans put in place to manage them.

There were enough staff to provide safe care for the people who lived at the home.

Medicines were managed safely and people received them when required.

Is the service effective?

Good

The service was effective. People's choices were recorded and care planning and care arrangements helped ensure these were respected.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments. Best interests' meetings were arranged if required.

Induction procedures were in place for new staff and appropriate to their roles. The service had a training and development programme for staff, with plans in place for any refresher training.

Staff were motivated, and well-supported through supervisions and through team meetings.

Is the service caring?

Good

The service was caring. People's needs were respected and met in a person-centred way.

Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well

and understood their cultural needs.

Staff were respectful and care practice promoted individuals' privacy and dignity.

Is the service responsive?

Good

The service was responsive. People received personalised care that was based on their individual support needs.

People had access to a range of activities they found stimulating and enjoyable. People took part in activities of their choice and pursued their hobbies and interests.

Staff assessed and regularly reviewed people's needs and kept care plans updated. People received their care as planned.

People knew how to make a complaint and raise concerns with the manager. A keyworker system was in place to ensure time was spent with people as individuals and ensure that any specific issues were addressed.

People and their relatives were regularly consulted about their views and asked for their input concerning the home.

Is the service well-led?

Good

The service was well-led. The provider had a clear set of values that emphasised the person-centred nature of care and included the aims and objectives, principles, values of care and the expected outcomes for people who used the service.

The service had a management structure that had clear delegation of duties and responsibility. The manager was available and approachable to staff and people.

The service had quality assurance systems in place, including regular audits. These ensured people continued to receive the care, treatment and support they needed. There were also meetings between the home and people who lived there.

Orione 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.

The inspection took place on 6 February 2017 and was unannounced. There was a further visit on 9 February 2017 to conclude the inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held on the service including previous reports, notifications and feedback from the public. During the inspection we observed care practice and tracked the care provided through looking at records and care plans for four people.

We spoke with the manager, the chief executive, five care staff, and four support staff. We also spoke with seven people who used the service and two relatives.

We reviewed the home's policies and procedures, including medicines procedures and accident procedures. We also viewed the care records of five people and three staff records.

Good

Is the service safe?

Our findings

People told us they felt safe at Orione House. One person said, "The staff work very hard to make sure you are well looked after. They keep people safe and well here." A relative told us, "I visit most days and would notice if (my relative) was out of sorts or not happy. That hasn't been the case."

Staff told us that they had received sufficient training to keep people safe. Staff were able to tell us about training they had received regarding moving and handling, medicines, first aid and safeguarding people from harm, including whistleblowing. The registered manager and staff were knowledgeable about safeguarding vulnerable adults and the different types of abuse to be aware of. They were knowledgeable about the reporting process to be followed when suspicions of or actual abuse had occurred.

There was evidence that the home worked cooperatively with the local authority safeguarding team. A serious incident relating to someone falling had been investigated and found that although there was a clear policy on how staff should respond to such incidents, it was not always followed. Senior managers had since put in place further training and reminders to staff of the policy and procedure relating to falls.

We saw that safeguarding, moving and handling, first aid and fire marshalling training had been booked as refresher courses for staff, which would contribute towards providing care in a safe manner.

Risk assessments had been undertaken that ensured people could take part in activities, or do things independently in a safe manner. Risk assessments had been carried out in respect of people's mobility, vision, health conditions and emotional needs. This enabled people to remain as independent as possible whilst receiving appropriate support, for example when moving from one area of the home to another. Risk assessments were reviewed monthly.

There were enough staff on duty to care for people. There were five care staff on duty together with a team leader in the morning shift, four staff with a team leader in the afternoon shift and two waking night care staff with a team leader. Staff rotas were up to date.

The premises were free from hazards and equipment was well maintained. Staff had been trained to use specialised equipment, such as hoists, safely. This helped people to feel reassured when using such equipment.

Staff recruitment procedures ensured that people were protected from having unsuitable staff working at the home. The recruitment process included details of previous employment, checks made under the Disclosure and Barring Scheme (DBS) and reference checks.

There were procedures and policies in place to control infection. Inside the main entrance to the home there was an anti-bacterial facility located with a request for visitors to use it., in toilets and bathrooms there was adequate soap and anti-bacterial cleansers.

People were supported in a safe way with regard to medicines. Senior members of the care team, such as team leaders, senior night-care staff. The deputy manager and the manager were trained to administer medicines. The policy and procedure was clearly set out and accessible to all staff.

Staff were supported to be knowledgeable about the medicines they were administering in order that they were administered safely. We saw that records were up to date and regularly monitored. Staff were able to clearly describe the procedure for administering medicines. The pharmacy supported staff with medicines by providing clear instructions and a photo ID of the individual on each medicine container.

We saw that medicines were safely stored and records securely and confidentially kept. The deputy manager oversaw the delivery and returns of medicines and maintained good communication with the pharmacy.

Good

Is the service effective?

Our findings

People were cared for in a way that aimed to help them live their life as they chose.

One person told us, "The staff are wonderful and they have been able to help me with anything I need." A relative told us that they found it very easy to speak to staff or the manager if there was anything that they felt wasn't working well.

Staff induction included becoming familiar with the home's vision of person-centred care, care planning and people's specific needs. Staff had also received training in dementia awareness, mental capacity awareness and national vocational qualifications.

Staff spoke positively about the home and their work. One staff member told us, "There have been some changes in how we schedule our work together and it has made us work better as a team." Another staff told us that the manager provided good guidance. Staff confirmed they had received one to one supervision with their manager and that training was a discussion point during these meetings. We saw records of staff supervision and noted these were held regularly through the year.

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 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). 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.

DoLS requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need. There were appropriate procedures in place to make DoLS applications which staff understood. Records confirmed where applications had been made and authorisations received.

On the day of inspection we saw menus available on the tables, in photo format, which helped people. The chef spoke positively about his work and emphasised that nutrition and taste were of high importance in menu planning. He was also able to describe the arrangements for those who needed special diets, those who wanted something different from the choices available, and those who may wish to eat outside of the usual dining times.

People had enough food and drink, and meals were hot and attractively served. People told us that they

enjoyed the meals at the home. One person told us, "The meals are lovely. Often I can't finish the plate, and you certainly get plenty." Another person told us they would sometimes have a sandwich or an omelette if they were not feeling hungry enough for the stated menu. People confirmed that they were consulted about their choice of meal.

People had access to community health services and the home ensured people's health care needs were met. As part of people's overall care planning separate health care plans and records were held which provided information about people should they need to visit hospital or other health services. The staff monitored people's weight, nutrition and fluid intake.

The home ensured that referrals were made when needed and provided support to people in accessing health services.

Good

Is the service caring?

Our findings

People told us that they thought the service was caring. One told us, "The staff are wonderful. They are kind and very patient, especially with those who can't do much for themselves." One relative told us, "It is so reassuring to always see [my relative] clean and well cared for."

Staff knew each person, and each person had a care record that accurately detailed their history, likes and dislikes. Cultural and religious preferences were also recorded. People's care records were written from the first-person perspective and included details such as family relationships and a section called "This is me". This section explained to staff how the person wished their care to be delivered, their likes and dislikes and what they would like to be supported in doing.

Care records also included useful information to help staff understand what kinds of things would cause the person to worry, information in the form of a Hospital Passport which would assist nursing staff, as well as day and night care needs. This provided people with a sense of reassurance. People's dignity was respected by being consulted and asked to consent to care plans.

People were treated with kindness and compassion and if someone was distressed there was a member of staff who would support them. Staff who acted as keyworkers for people were able to describe who they were responsible for.

Staff treated people with dignity and respect, for example, by ensuring that people's clothing was properly arranged and by knocking on doors. There was a relaxed atmosphere in the home and we saw staff interacting with people in a calm, polite and caring manner. Staff supported people as and when required and were aware of the communication needs of each person. People looked relaxed and comfortable with the staff during our visit and they could choose what to do and where to spend their time.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People's needs and level of dependence were accurately assessed and kept up to date.

People told us that they felt staff responded to their needs and wishes in a positive way. One person told us, "I have a passion for my hobby and the staff make sure I have all the materials I need, or they will help me if I need to go into town myself to get them, or to attend my social group." A relative said, "[my relative] kept sliding down on his chair which wasn't good for his breathing. The home quickly bought a chair which was more suited to [my relative's] needs and he is much happier."

People's care was regularly reviewed, at least one comprehensive review annually, with monthly checks and daily notes. People and their relatives, as well as any relevant external professionals were involved in these reviews. Each aspect of care would carry a risk assessment, if appropriate. We saw examples of risk assessments detailing how to respond when people did not eat or take enough fluids, supporting people with eating, their medicines and with walking. Where it had been agreed, there were some people who had end-of-life care plans which detailed the care to be given and the people to be involved.

The layout of the premises enabled people to move around freely and therefore reduce the risk of people becoming isolated in one part of the home. The open visiting policy supported relatives and friends to visit at convenient times to them and this further minimised the risk of social isolation. The staff and manager worked hard to maintain family links and we observed visitors and relatives visiting people with confidence.

An activities coordinator prepared a weekly timetable of available events and activities which people could take part in if they chose. These ranged from mild exercise to art and music. There were also occasional outings and trips as well as visiting entertainers.

People we spoke with generally spoke positively about the opportunities on offer. However, some relatives had mixed views. One told us, "I don't think hairdressing should be seen as an activity, as such. It should be seen more as a service that people will occasionally want."

The staff supported the activities coordinator by leading or participating in activities, or spending time with someone on a one-to-one basis.

People and relatives told us that they felt able to raise any questions or concerns and felt they would be resolved. One relative praised the receptionist, saying, "She is always helpful and willing to listen and take back anything I might want to raise."

The service had a comprehensive complaints procedure which emphasised the service's wish that complaints of any kind should be raised and that the hope was that they could be resolved informally as far as possible.

Where that was not possible, or if it was not the wish of the individual a more formal process was in place to resolve the complaint within 28 days. Information was provided about the contact details of the local ombudsman and the Care Quality Commission. There had been one complaint in the last year which the home had tried to deal with and followed through via the trustees of the charity, involving lost property.

Around the home there were several posters and leaflets in easy-read format, including pictures, which also described how to make a complaint, and these were accessible to visitors as well as people living in the home.

Good

Is the service well-led?

Our findings

The service was well-led, with systems in place to monitor the quality of care and to receive feedback about people's experiences of the care provided.

There was a clear management structure that promoted the delivery of high-quality, person-centred care and an open culture. Although completely non-denominational and open to people of all cultures and any or no faith, the home based its operating principles on a Christian ethos. This emphasised the dignity of the individual and the importance of providing care with compassion, respect and equality. This was reinforced through the home's policies and procedures which staff had seen and worked through as part of their induction.

The team of care staff were well-led by team leaders and a deputy manager who had a good presence in the service. The registered manager was aware of her responsibilities as a registered person and was able to demonstrate familiarity with both regulations and quality standards.

Staff told us they felt supported. One staff member told us, "I feel there have been positive changes around the home and I feel good about them." An example mentioned was the greater clarity and distinction between the roles of care assistants and team leaders.

A relative told us, "The atmosphere is very good – very friendly and helpful."

Staff received individual supervision sessions every six to eight weeks as well as an annual appraisal. Staff meetings, team leader meetings and meetings for people and their relatives were held at various times throughout the year.

There were quality assurance systems in place where a senior member of the management team carried out quality audits and held regular discussions with the manager. Audits included the general running and maintenance of the home but also included care issues and initiatives that the home was taking to develop the service. Audits were themed around the CQC quality standards, and the most recent one had been carried out on 7 February 2017 on the theme of Safety.

Notifications of incidents, accidents and concerns over care were recorded appropriately and the relevant authorities notified. There were clear lines of accountability within the home and clear delegation of duties. The service worked well in partnership with local authorities, health services and local services such as pharmacy and opticians.