

# Tracs Limited

# Orchard View

## Inspection report

97 Orchard Hill  
Little Billing  
Northampton  
Northamptonshire  
NN3 9AG

Tel: 01604 416309

Website: [www.tracscare.co.uk](http://www.tracscare.co.uk)

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## Ratings

### Overall rating for this service

Requires improvement



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?

Requires improvement



## Overall summary

This unannounced inspection took place on 10 and 11 August 2015. Orchard View is registered to provide accommodation and personal care for up to four people, some of whom may have a mental health diagnosis. There were four people living at the home at the time of this inspection.

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.

Staff received induction and training which enabled them to carry out their jobs effectively. However most of the staff had not benefitted from regular supervision meetings and annual appraisals.

# Summary of findings

There was a system in place to monitor the quality of the service and some actions had been taken when necessary to make any improvements. However some quality monitoring had not identified issues with the fabric and furnishing of the building.

There had been some challenges in protecting people from the behaviours of others and staff worked effectively to minimise the impact on people living in the home. However people and staff did not always feel safe.

The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the service.

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

People who used the service were looked after by a staff team that had an 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.

People were supported to have sufficient to eat and drink to maintain a balanced diet.

The arrangements for social activities, met people's individual needs. People were enabled to make day to day choices and were supported to follow their hobbies and interests.

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.

Staff 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 understood their role and most of the staff 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.

There was not always 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. Safeguarding notifications had been submitted when required.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

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. People received personalised support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

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.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted by all the staff.

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.

Good



### Is the service responsive?

The service was responsive.

There was a complaints process available to people and relatives.

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

Good



# Summary of findings

People were supported to engage in activities that reflected their interests and supported their well-being.

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.

## Is the service well-led?

The service was not always well led.

There were systems in place to monitor the quality and safety of the service however issues had not always been identified and required actions had not always been completed in a timely manner.

Monthly probationary supervision meetings had not been carried out consistently for all new staff. Most staff had not had an appraisal or received regular supervision from the manager.

The service has a registered manager in post.

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

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

**Requires improvement**



# Orchard View

## 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 10 and 11 August 2015 and was carried out by one inspector.

Before the inspection we reviewed the information 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 our inspection we spoke with five members of staff including care staff and a senior manager. We also looked at records and charts relating to four people and three staff recruitment records. We spoke with four people that lived at the home and their family members.

# Is the service safe?

## Our findings

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.

We found that the provider was supporting people whose needs sometimes challenged staff and others and we observed that this had a negative impact upon other people who lived at 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 “Mentally I don’t feel safe here I find it hard to relax.”

The staffing arrangements in place were sufficient to meet people’s needs however the behaviour from some people challenged the service and disrupted the routines of the home. The senior manager said that they were in the process of adjusting the staffing at night in response to this. 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.

During our inspection we observed an additional member of staff was brought in from a nearby home run by the same provider to assist when one person was exhibiting behaviours that challenged staff and others.

People had their risks assessed and plans were in place to guide staff when people became unsettled. We observed staff talk to people and bring them back into a state of calmness.

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 senior 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.

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. Regular fire evacuations had been practiced by people in order to remind them of the procedure to follow in an emergency.

Medicines were managed safely. Staff had received training in the safe administration, storage and disposal of medicines and had had their competency assessed. Staff showed us how they managed people’s medicines and we saw that all medicines were obtained, stored and dispensed safely and accounted for. Some medicines were available to be given ‘as required’ however these had not been prescribed on one person’s current medicines administration chart. These medicines were returned to the pharmacy for disposal as they had not been used for some time.

# Is the service effective?

## Our findings

People received support from staff that had received the training they needed to do their job. Staff had access to on-going training and development which included topics such as mental health, epilepsy, medication, and health and safety. The training enabled staff to develop their knowledge and skills to meet people's needs.

We spoke with staff that 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 "I also shadowed other members of staff so that the clients could get used to me and I could get to know them better." We saw staff using skilled interactions with people as they understood how best to approach people when they needed support.

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. Some people were very confident in meal preparation and they were able to make choices about what to cook for themselves and others. We saw that there was a variety of

foods available for people to enjoy. People's weights were monitored on a monthly basis however some people and their relatives had commented that they felt people had steadily increased their weight.

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. We observed staff 'chasing up' people's medicines with the local GP practice to ensure people remained in good health.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care. They were supported by appropriate policies and guidance and were aware of the need to involve relevant professionals and others in best interest and mental capacity assessments.

The senior 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.

# Is the service caring?

## Our findings

People's dignity and right to privacy was protected by staff. People had their own rooms and staff were respectful of people's wishes when asking if they could enter their rooms. Staff were mindful that some people needed to have time alone either in the house; the garden or in their bedrooms and they respected this.

Staff treated people respectfully and with good humour in communal areas of the house and garden. Confidentiality was respected. Staff said that when people made or received phone calls then staff would leave the room so that people could have their phone calls in private.

Visitors were made to feel welcome and could visit at any time. Friends and family members said that they could visit whenever they wanted to and that there were no restrictions placed upon them. Relatives said that there

had been a lot of new staff in the last year and this had been unsettling for their family member. However they also said that all the staff were very good and they had a kind and caring attitude.

People were encouraged to express their views and to make choices. There was information in people's care plans about what they liked to do for themselves. This included 'what is important to me' and 'how best to support me'. This meant that staff supported people in the way that they wished for example, how staff should talk to people when they became upset.

People had been able to discuss going on a holiday with their 'key worker' We spoke to one person that was very excited about the plans to go on holiday and they had chosen the venue themselves. They had also asked if they could make changes to their bedroom and we saw they were in the process of decorating their room.

There was an advocacy service available should people require independent advice with day to day decisions.



# 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. Each person had a 'vocational planner' which outlined their hobbies and interests. One person said "I love to read and I have just joined the local library." Most of the people had lived at the home for some years and staff were creative in finding new ways to support and encourage people's hobbies and interests.

People had been encouraged to increase their independence and we observed that people were enabled to make day to day decisions. For example, following assessment some people had the responsibility to manage their own medicines. We saw staff supporting people so that they could carry out chosen activities and social arrangements as independently as possible.

People said they were happy with the care and support they received however they knew how to raise a complaint if they needed to do so. They said that all the staff were approachable and that they felt able to raise any concerns they had. Information on how to raise concerns was displayed on a notice board in a communal area. We noted that there had not been any complaints logged since April 2014 so we were unable to see if there had been any changes made to the service as a result of concerns. We spoke with people's friends and family members and they did not have any complaints about the service.

The provider had an annual survey which people, staff, relatives and external professionals were encouraged to complete. The last survey was completed in 2014 and the feedback obtained was positive. There were no areas of concerns raised and the actions had been completed by the manager, for example all the people had now been allocated a 'key worker' to support them. The provider was in the process of distributing this year's questionnaires to staff, people and family members to continue to learn from feedback.

# Is the service well-led?

## Our findings

People said that they liked all 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. Staff meetings had taken place twice in six months and they had the opportunity to give their views as to what was working well and was not working so well.

While there were systems in place to monitor the quality of the service action taken to resolve issues had not always been completed promptly. A 'key performance audit' on 30 June 2015 had identified that staff had not been receiving regular supervision meetings and appraisals. The manager's action plan stated that immediate action was required to address this. However we found that most of the staff had not got a date planned to complete their supervisions or appraisal's. We also found that an audit on 8 July stated that people's beds were in a good state of repair. However we found that two people's beds were not in a good state of repair. The senior manager took immediate action to rectify this.

The provider's policy was that all staff should receive six supervision meetings every year and have an annual appraisal. Staff said that they had not had regular supervision meetings with the manager. The schedule for staffs supervision meetings and appraisals showed that most of the staff had not received regular supervision and appraisal in the timescale set down by the provider.

New members of staff were due to have a supervision meeting every month. Staff that had joined the service within the last nine months said that they had not always had a monthly supervision meeting, but as they worked closely with the manager they felt able to discuss any issues with them.

Staff were aware of the vision and values of the company. One member of staff that had recently come to work at the home said "The culture of the company is to empower the clients."

We saw that the providers visions and values had recently been refreshed and a poster reflecting this was available to staff. We were told that there was a 'have your say' day planned for next month where people who used the services were invited to give their opinions of the service they were receiving.

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. One member of staff said "If you don't tell if something is wrong you are just as bad as the person that is doing the wrong thing."

Policies and procedures to guide staff were in place. 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.