Southlands Court Care Homes Limited

Orchard House Residential Care Home

Inspection report

Orchard House
St Johns Road
Bexhill On Sea
East Sussex
TN40 2EE

Tel: 01424211898

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 5, 8 and 12 March 2018 and was unannounced. At the previous inspection of this service in January 2017 the overall rating was requires improvement. This was because the provider had not ensured risks to people's safety had been adequately identified and addressed in a timely way. Staff numbers were not consistent to meet people's needs. We also found the design and layout of several areas of the service impacted on people's independence. We found shortfalls in record keeping associated with care documentation that was a result of the provider having introduced an electronic care planning system without adequate testing or training.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, responsive and well led to at least good. This inspection found that some improvements had been made but we found three breaches of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Orchard House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It is registered to provide support to a maximum of 32 people and 30 people were using the service at the time of our inspection. The service is intended for older people, who may be living with a physical disability, sensory impairment or a dementia type illness.

This is the second consecutive time the service has been rated Requires Improvement.

The service did not have a registered manager in place. The registered manager had just resigned from their post in March 2018. 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. A manager had been recruited and had been in post for two weeks working alongside the registered manager. This was their first week as manager.
Whilst people told us that they felt safe we found some shortfalls that could potentially impact on people's safety and well-being.

There were systems and processes to assess and monitor the quality of the service provided. However, we found that audits were not always effective as they had not identified shortfalls in care records, medicine management, staff supervision and staff training. This had the potential to impact on the safety and well-being of people. This meant there were not sufficient numbers of suitably trained staff to meet peoples' needs. For example, the service supports people who live with diabetes. Staff had not received training in administration of insulin or had their competency checked by a competent person although staff were administering insulin.

Whilst the provider had arrangements in place for the management of medicines, we found some areas of

practice that placed people at risk at of not receiving their medicines safely. Medicines had not been given safely as staff had not followed safe guidance whilst giving medicines. Medicines were given from a tray already potted in to a pot and staff were not using the medication administration records (MAR). There were some people at risk of not receiving their prescribed medicines, as there were a number of staff signature omissions (identified as gaps) in medication administration records (MAR). Staff had not completed the MAR record to state why the medicine had not been given. Staff who gave insulin had not received the necessary training nor been assessed as competent in this task. Risk assessments for peoples' health had not been reviewed or updated following changes to their care despite people's needs changing significantly. This meant new staff and agency staff would not have the correct up to date information. Accidents and incident reporting had been completed but there was no management overview or audit of falls and incidents to prevent a reoccurrence. This meant measures to ensure lessons were learnt not in place and preventative measures had not been taken.

The provider assessed people's capacity to make their own decisions if there was a reason to question their capacity. Staff spoken with had an understanding of the Mental Capacity Act. Where possible, they supported people to make their own decisions and sought consent before delivering care and support. Where people's care plans contained restrictions on their liberty, applications for legal authorisation had been sent to the relevant authorities as required by the legislation. Staff supported people to eat and drink enough to maintain their health and referred people to other healthcare professionals when a need was identified. Staff worked with healthcare professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. Staff were caring and kind. They knew people well and this enabled them to support them in a person centred way. People told us that staff were very kind and looked after them well. The atmosphere in the home was warm and friendly and conducive to building and maintaining relationships with others in the home as well as with family and friends.

People's diversity was respected and staff responded to people's social and emotional needs. People told us their needs were met because they were supported and cared for in accordance with their wishes and choices. People and staff were positive about the culture of the service, staff and relatives felt the staff team were approachable and polite. The staff team worked in partnership with other organisations at a local and national level to make sure they were following current good practice. The provider attended local care meetings to share experiences.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Orchard House was not consistently safe.

Risks to people's health and safety were not always monitored and updated to ensure safe consistent care. The management of medicines were not always safe.

Staff had a good understanding of safeguarding and how to report concerns. Staff recruitment practices were safe and ensured people were protected from unsuitable staff.

There were sufficient staff deployed to meet peoples needs.

Is the service effective?

Requires Improvement

Orchard House was not consistently effective.

Not all staff had received the necessary training and supervision to deliver effective care to the people they supported.

Consent to care and treatment was sought in line with legislation.

People were supported to access healthcare support. People's individual needs were met by the adaptations made at the home and the design of the service.

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

Is the service caring?

Good

Orchard House was caring.

Staff provided the support people wanted, by respecting their choices and enabling people to make decisions about their care.

People's dignity was protected and staff offered assistance discretely when it was needed.

People were enabled and supported to access the community and maintain relationships with families and friends.

Is the service responsive?

Good

Orchard House remains responsive.

Care plans provided staff with detailed information about people and their support needs.

People were involved in planning their own goals and identifying what support they needed to return to independent living.

Feedback from people was sought and their views were listened to and acted upon.

A complaints procedure was in place. People and visitors knew how to raise a concern or make a complaint but also said they had no reason to.

Is the service well-led?

Requires Improvement

was not consistently well-led.

There was no registered manager in post.

Whilst the provider had systems for monitoring the quality of the service and driving improvement, these were not effective at this time. Records relating to the care and treatment provided to people and running of the service were not always accurate or up to date.

People and their relatives said the staff team were approachable and listened to them.

Orchard House Residential Care Home

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 the 5, 8 and 12 March 2018 and was unannounced. The inspection team consisted of three inspectors. The third day of the inspection, 12 March 2018 was used to speak with external health professionals that visited the home.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications they had sent us. Notifications are information about significant events that the provider is legally obliged to send to the Care Quality Commission. We also reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection process we contacted the local authority with responsibility for commissioning care from the service to seek their views. We also spoke with and received correspondence from three visiting health or social care professionals.

During the inspection we spoke with 20 people that used the service and twelve members of staff: manager, area manager, provider, senior care staff member, domestic, activity person and six care staff. We reviewed four sets of records relating to people including care plans, medical appointments and risk assessments. We looked at the staff recruitment and supervision records of four staff and the training records for all staff. We looked at medicines records of all people and minutes of various meetings. We checked some of the policies and procedures and examined the quality assurance systems at the service.

Requires Improvement

Is the service safe?

Our findings

We have inspected this key question to follow up the areas that required improvement, found during our previous inspection in January 2017. This was because the provider had not ensured there were not always enough staff deployed to meet the needs of people who lived at the home. We also found that risks to people's health and safety were not being adequately identified and addressed in a timely way.

On this inspection we checked to make sure improvements had been met and we found some improvements had been made to staff deployment. However, we found a breach of the regulation12 because people did not always receive safe care.

People, who were able, said they felt safe at the service. Comments included, "Staff are wonderful, security is good, I would talk to a carer if I was not safe," "Staff spend enough time with me, I am fine," and "Definitely safe here, assistants are very good and helpful, I would talk to my family if I was worried."

The management of medicines was not always safe. We looked at people's medicines administration record (MAR). Staff were giving insulin and taking blood sugar readings for three people. However, staff had not received training or competency checks for doing this. Two members of staff we spoke with had not received any external training in respect of insulin administration. One staff member who was responsible for administering insulin told us that they had been shown how to do this by another senior care worker but there was no evidence that the senior staff member was competent to train other staff or had received training themselves. The guidelines for managing medicines in care homes issued by National Institute for Health and Care Excellence (NICE) states, "Care home providers should ensure that all care home staff have an annual review of their knowledge, skills and competencies relating to managing and administering medicines." The specific guidance for one person's insulin had not been followed on two days in the week commencing 5 March 2018. The morning insulin had been withheld as the blood sugar was 8mmols or below, however the specific guidance for this person stated insulin not to be given if blood sugar was 4mmols or below. This meant that the person had not received their insulin as prescribed. Another person who was prescribed insulin had had their insulin dose and guidance changed, following a hospital appointment. The only directive for this change was on a file note in the MAR unsigned, there was no supporting guidance of who had changed the dose. The persons care plan for diabetes had not been updated to reflect the changes. We saw that this person's insulin had been given on the 28 February 2018 despite it being below 4mmols and their guidance stated it should not be given if below 4mmols.

Staff were also not trained in taking blood sugars from people and we saw that one staff member was not following the recommended guidance from NICE, this had resulted in one person having three attempts to get blood from their finger. Following this inspection the provider had stopped staff giving insulin until external training had been sought and competencies undertaken. The district nurses would now be administrating the insulin until all staff were trained and assessed as competent.

Staff that gave medicines were not following the NICE guidelines for supporting people to take their medicines in a safe way. One the first day of the inspection we saw a staff member had placed the medicines

for seven people into individual open pots and placed them on a tray. Each pot had the person's name written on a piece of paper. The staff member did not use the MAR sheets to ensure they were given to the right person, and signed for once taken. If the tray of medicines had been dropped the medicines would not be able to be used and there was also a risk of giving the medicines to the wrong person.

The recording and the giving of medicines to people were not always safe. Current practices had not ensured people received their prescribed medicines on time. During our inspection morning medicines prescribed to be given at 8am took up to three hours to be dispensed. The midday medicines were then still dispensed at midday. The medicine giver had not signed the MAR with the actual time the medicine was administered and therefore it could not be evidenced as being given safely and as prescribed.

We found a number of staff signature omissions (identified as gaps) in MAR. These gaps had not been identified by the care staff member administering medicine on the next shift, and had not been followed up to determine whether it was a missed signature or a missed dose. There was no explanation recorded on the MAR as to why the medicines had not been administered.

As required medicines known as PRN for pain relief were not all supported by an up to date protocol with guidance for staff to follow. We found three people had been prescribed PRN pain relief that did not have a protocol for staff to know when to give it, for what pain it may be for and whether it could be given with other medication. PRN protocols that were available were dated 2016 and some had information that did not reflect the current prescribed medicine as on the MAR chart.

Skin creams were signed by staff as applied but did not have a body map to guide staff as where to apply the cream. Some people had more than one cream to be applied so it was not clear what creams had been applied to what area.

Peoples' risk assessments were not all accurate and some lacked sufficient guidance to keep people safe. Individual risk assessments were in place, these covered areas such as mobility, continence care, falls, nutrition, pressure damage and overall dependency. They looked at the identified risk and included a plan of action. However, some risk assessments did not include sufficient guidance for care staff to provide safe care and others were not being followed. We identified that the care plan for one person who lived with diabetes had not been updated with new directives and did not reflect the instructions on the MAR. This meant there was conflicting information about their diabetes. There was a risk assessment guidance for one person in respect of their mobility and that it was important that they wore well-fitting shoes to prevent the foot dragging and causing falls. We saw that this person was wearing ill-fitting shoes that were a risk to their safety. The manager was informed and found that the shoes were not correctly fastened. It may be that the person put on their own shoes but this had not been checked by staff despite the person walking around the communal area. This meant that the risk of trips and falls for this person had not been reduced.

People who had been identified as at risk from pressure damage had the necessary specialist airflow mattresses and cushions in place. It is important this equipment is set correctly and in line with a person's weight and manufacturer's instructions. At the last inspection it was found mattresses were not set correctly. A process had been set up to ensure staff checked mattresses daily. However this inspection found that three of the seven mattresses were incorrectly set. For example one mattress was set on 90kgs when it should have been set at 55 kgs. If the mattress setting is incorrect for the person's weight, it can cause damage to the person's skin.

Staff took appropriate action following accidents and incidents to ensure people's safety, and this was recorded. However, the records lacked details of any follow up action that staff took to prevent a re-

occurrence and did not demonstrate that lessons had been learnt.

The above issues meant the provider had not ensured people received safe care and treatment. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were some elements of safe care. There were systems to manage the storage, ordering and disposal of medicines safely. The provider had produced policies and procedures for the management of medicines. The clinical rooms were tidy and staff ensured that the room and fridge temperatures were checked daily.

The environment was well maintained and clean. There were appropriate numbers of domestic staff that completed cleaning schedules in order to ensure that the home was clean. Staff were able to tell us how they ensured that infection control risk was managed whilst working: this included the use of gloves and aprons, ensuring that equipment was clean, and not using hoist slings for more than one person. They spoke of the systems in place to manage stomach upsets and infectious skin disorders such as scabies. These were underpinned by organisational policies.

There was sufficient staff deployed to meet people's needs. Care staff told us they thought staffing levels were good and appropriate to meet the needs of the people currently living at Orchard House. One care staff member told us, "There are enough of us, we manage well, sometimes its busier than others." The manager completed staff rotas in advance to ensure that staff were available for each shift. There was an on-call rota so that staff could call the manager or area manager out of hours to discuss any issues arising. Feedback from people and our observations indicated that sufficient staff were deployed in the service to meet people's needs at this time. People approached staff for support throughout the inspection process and were always engaged with promptly. Staff were available for people, they were not rushed and supported people in a calm manner. We saw staff sitting with people in communal areas and spending time with people. However it was noted that if the activity person had not been there in the afternoon just before tea, people would have been unsupervised as care staff were busy attending to people. This was shared with the manager and provider to reflect on. We were told that agency staff had been used as they had some recent vacancies to fill. Recruitment was on going and we saw one new senior care staff member start their induction during our inspection.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Equipment such as hoists and wheelchairs were stored securely but were accessible when needed. Regular checks on lifting equipment and the fire detection system were undertaken to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Gas, electrical and fire safety certificates were in place and renewed as required to ensure the premises remained safe. Legionella tests had just been introduced. People's ability to evacuate the building in the event of a fire had been considered and where required, each person had an individual personal evacuation plan. The provider employed a dedicated maintenance person who was responsible for overseeing the safety of the environment and premises.

Safeguarding policies and procedures were up to date and appropriate for this type of home in that they corresponded with the Local Authority and national guidance. There were notices on staff notice boards to guide staff in whom to contact if they were concerned about anything and detailed the whistle blowing policy. 'Whistleblowing' is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest.' Staff told us what they would do if they suspected that abuse was occurring at the home. Staff confirmed they had received safeguarding training. They were able to tell us who they would report safeguarding concerns to outside of the home, such as the Local Authority or the Care Quality Commission.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview and before they started work, the provider obtained references and carried out a criminal records check. We checked four staff records and saw that these were in place. Each file had a completed application form listing their work history as wells as their skills and qualifications.

We asked staff how they made sure people were not discriminated against and treated equally and without prejudice. A member of staff told us, "We have had training in equality and diversity, we treat everyone the same, whatever their nationality, gender or illness." Staff told us they were made aware of racism and sexism and of the need to respect people's differences. One staff member said "One of residents is from France and we all try to make her feel at home by speaking in French even though they understand and speak English very well."

Requires Improvement

Is the service effective?

Our findings

We have inspected this key question to follow up on the areas that required improvement at our inspection in January 2017. This was because the provider had not ensured that design and layout of several areas of the service was suitable for the people that lived there. This inspection found some areas had improved but we found that the processes in place to monitor staff training and staff supervision required improvement to ensure staff were received appropriate training and supervision.

The staff training programme identified shortfalls in the training completed by staff. The area manager advised that the training matrix may not be up to date and would ensure that this was updated immediately. Gaps identified that not all staff had completed medicine training, practical moving and handling sessions and infection control training. Following the inspection we received confirmation that the medicine training and competencies had been progressed.

Staff had not all received supervision as stated in the organisational policy. The provider's supervision and appraisal policy stated that staff should receive supervision 6- 8 weekly. The manager had already set up a supervision plan to ensure that this would occur on a six weekly. The training and supervision processes were an area that requires improvement.

Orchard House has an older main building and two purpose built wing extensions to the sides of the service which has been adapted with facilities such as a lift to enable people to access all areas of the service whatever their mobility needs were. At the last inspection it was identified that certain areas of the environment needed improving. This inspection found that there was a new shower room that people enjoyed using. The situation of the smoking area being next door to the conservatory was highlighted at the last inspection and had not been changed yet. The provider and area manager told us that this was to be the new managers' office and the smoking area would be moved to the rear of the garden. None of the people who currently lived at the service smoked. During the inspection we noted the smell of cigarettes coming in to the home when staff and people opened the conservatory door. None of the people or visitors we spoke with mentioned or complained about this practice but it is an area that the provider needs to reflect on.

The meal time experience was enjoyed by people and that there was a relaxed atmosphere and all told us they enjoyed the meals. People told us, "Really good food, full breakfast if we want it, always tasty."
On a daily basis people were asked what they would like from the menu. There was always a choice and people's allergies, cultural and personal likes and dislikes were taken into consideration when the menu was planned. Nutritional assessments were in place and identified if anyone was at risk of malnutrition, dehydration or required a specialised diet. Information about people's dietary requirements were in their care and support plans and in the kitchen so staff were aware of any specific dietary requirements, such as pureed food, fork mashable and fortified. Fortified food was used for those people who had lost weight and contains high calories such as full cream. Where necessary people's food and fluid intake was recorded. The Environmental Health Organisation had visited in 2017 and awarded the kitchen a rating of 5 with no advisories.

People told us their health was monitored and when required external health care professionals were involved to make sure they remained as healthy as possible. This included the optician, dentist and chiropodist. People's health needs were supported by a local GP surgery and those who lived with diabetes were seen at the diabetic clinic and monitored by the GP and district nurses.

One person told us, "I have seen the nurse and the doctor regularly, nothings to much trouble." Another said, "Doctor is coming to see me today for my medication before I go home." Where required people were referred to external healthcare professionals, this included the dietician and the diabetic team. People were regularly asked about their health and services such as the chiropodist, optician and dentist were offered. Visiting healthcare professionals told us people were referred to them appropriately. One health professional said, "Really good team of staff, they know their residents well."

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 are called the Deprivation of Liberty Safeguards (DoLS).

We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service and we were made aware of people subject to DoLS authorisations. All staff had received MCA training. At the time of inspection the manager informed us that only one person had been referred for a DoLS authorisation. The service had completed appropriate assessments in partnership with the local authority and any restriction on the person's liberty was within the legal framework. We found that the service had submitted notifications to the CQC when DoLS had been authorised.

Good

Is the service caring?

Our findings

At the last inspection, this key question was judged to be good. This inspection found that it remained good.

Peoples' dignity was promoted. We saw people were dressed appropriately in suitable clothing of their choice. Each person had a single room which was fitted with appropriate locks and people told us they could spend time alone if they wished. Some people had made their room very personal by bringing in their own furniture, paintings, and other precious belongings. We saw rooms that were very personalised. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

People's equality and diversity was recognised and respected. People were encouraged to maintain their independence and live a life they wanted. People who lived with dementia were treated in the same way that people who didn't live with dementia. They were offered the same opportunities to join activities and chose where they spent their time. One staff member said, "Everybody is treated the same way." One person told us, "There's usually something to do every morning and afternoon, but I chose to stay no one forces us to attend." One person told us they liked to spend their time in the conservatory and chose not to attend activities.

People were able to express their views and were involved in making decisions about their care and support and the running of the home as much as possible. Those who lived with dementia were supported to share their views by staff, for those that couldn't family members were involved. Residents' meetings were held on a regular basis. These provided people with the forum to discuss any concerns, queries or make any suggestions. We saw that ideas and suggestions were taken forward and acted on. For example, menus, activities, trips out and laundry services.

Care records were stored securely in the staff office. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and confirmed they had received training.

The management team and staff had continued to improve the décor and environment for the people who lived there and shared their plans for further development. All lounges and communal areas had been rearranged and brightened with pictures to reflect people's interests. The reception area was welcoming and inviting for visitors

Peoples' rights to a family life were respected. Visitors were made welcome at any time and were able to have meals with their loved ones if they wished to. Lounge areas were welcoming and we saw people enjoying spending time in this area with visitors during the day of our visit. Newspapers and books were available. There were items of interest from the provider, such as their vision and values, newsletters, details of events that had taken place, the weekly activities programme, health information booklets and advice about advocate services. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote

their rights.

Peoples' preferences were recorded in the care plans and staff knew people well. Care staff gave us insight into people's personalities and how they wished to spend their time. There was information about each person's life, with details of people who were important to them, how they spent their time before moving into the home, such as looking after their family or employment, hobbies and interests.

Good

Is the service responsive?

Our findings

At the last inspection, this key question was judged to be good. This inspection found that it remained good.

People and their relatives were involved in developing their care, support and treatment plans. One person said, "Yes I think the staff understand me and my needs. It would depend on the problem as to who I talked to, "If I wanted to see a Priest or go to Church it would be arranged," "I shower twice a week and see the Hairdresser," and "Not many activities on offer since the activity person was poorly and left, but, we are happy with our lives here. I have been to a residents meeting."

People said they were aware of their care plan and that their care needs had been discussed with them. One person said, "I came here after an accident and could not care for myself, it was all arranged for me and I was involved every step of the way. I have been thoroughly spoilt here, they attend to everything. If I ring the bell they come quickly. I am not worried whether it is a male or female carer." Another person said, "Shower every Monday or whenever I ask for one, I choose my clothes. I go out with my Niece and use my walker." A third person said, "I would go to the owner if I had a complaint or to a member of staff, activities could be more energetic, get us moving."

Senior staff met with people before they moved in to ensure Orchard House could meet their needs. We looked at the most recent arrival's care plan. On the whole the admission was well recorded and evidenced that the person was involved in the process. The care plan contained a good level of information that guided staff to deliver the care the person needed and in a way the person wanted. People felt the care provided was individual and focused on their needs. Comments included, "Not a single thing is missed by staff, they know what I want, and they always ask me first." One person confirmed their choices were met, "I go to bed when I want, go downstairs if I feel like it, and offered choices about food."

The service used electronic care planning records and each person had a care plan in place. Care records were detailed and evidenced that staff knew people well. Levels of need were clear, for example, where someone had very complex needs they had been assessed as 'very high dependency needs'. Night routines were clear, describing all care that needed to be given to support them. Other care records detailed their interests and gave staff information that they could use to engage with them. Staff had a good understanding of people's needs and could describe care needs well. They received updates about each person during the daily shift handover. We joined one handover session which showed that staff discussed everybody and how they were and identified those that needed encouragement with food and fluids. Staff said they felt the handovers were beneficial especially if they had been off duty for a few days.

Activities were led by care staff and consisted of drawing, singing and table games. One person said, "The activity person was really good but she wasn't well and left." Another person said, "We have exercise classes sometimes and singers come in and I think we have had pets come in." A third person said, "We don't get bored, I have my friends and we sit together and chat." Four people said they didn't want activities and preferred to stay in their room. The management team were aware that visits out were needed and were actively sourcing community support that would enable volunteers to support staff in this area. We spoke

with a visitor that said, "I think activities could be better but I know that quite a few people don't want them, it's a personal choice I think." Another visitor said, "There might not be singing and dancing everyday but I see staff chatting and sitting with people, people seem content and happy."

Staff said they sat and discussed local news and spent time with people painting nails. One staff member spoke of the keyworker system which meant they had an additional hour each month to spend time with people. They might do their shopping for them or take them out. One person told us, "I only have to ask and staff do it, really good here as they care, I don't want to do bingo or sing, I didn't do it when I lived alone so why would I want to do it now." Another person said, "I've lived a full and busy life, my family visit me, I don't want to go down and mix, I'm happy here with my photos and bits and bobs." Three people said they were not concerned about the level of activities as they preferred to be in their room, watching TV, listening to the radio or reading. One person said they received 'talking books' from the blind organisation, which they enjoyed very much.

A hairdresser visited the service regularly and this was appreciated by people. One person said, "Its lovely to have my hair done, makes me feel good." Representatives from the local church visited for services during the year, such as Easter and Christmas and one person said, "The church minister visits me."

Although no one living at the service was receiving end of life care at the time of our inspection, the home lead provided an assurance that people would be supported to receive good end of life care to ensure a comfortable, dignified and pain-free death. Senior staff confirmed they worked closely with relevant healthcare professionals, such as the local palliative care team and provided support to people's families and staff as necessary. We saw complimentary letters from families thanking staff for the lovely care their relative had received at this time. The care documents contained information about people's wishes at this time and these were supported by a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms for some people. DNACPR forms are where a medical decision is made by a doctor with the person or their representative.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with an impairment, disability or sensory loss. Support plans seen confirmed the management team's assessment procedures identified information about whether a person had communication needs. These included what the person required, for example, large print to read. This was to ensure people who lived at the home had access to information in different formats, such as large print.

A complaints procedure was in place that was readily available to people and relatives. The procedure was displayed in the communal area and given to people when they moved into the home. We looked at the complaints file and saw that complaints managed in accordance with the provider's policy. We read the details of a recent complaint and the actions required had been checked and followed up by the registered provider. The people we spoke with had not had a reason to make a complaint, but felt confident they could do so if needed. Comments included, "I would ask to the see the person in charge, I have no complaints." A visitor said, "We would see the manageress or get the number of the owner if we were worried."

Records showed there had been one written complaint in the last 12 months, which was from a relative. This had been investigated (records maintained) and the complainant had received a written response. There was a complaint procedure displayed in the dining room.

Requires Improvement

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in January 2017. At that inspection we found a breach of the legal requirements. This was because the provider did not have an effective system for monitoring the quality of the service and driving improvement. Records relating to the care and treatment provided to people and running of the service were not always accurate or up to date.

At this inspection we found improvements in some areas but they had not been consistent and we found that further improvements were needed to meet the breach of regulation.

The registered manager left the service the week before the inspection. A manager had been recruited and had worked at the service for two weeks alongside the previous registered manager for hand over. The manager was supported by the area manager and provider.

The systems in place to assess the quality of the service provided or to monitor and mitigate risks to people were not fully implemented or embedded into practice.

Some audits were carried out; however these were not effective in bringing about improvements. For example, medicines audits had been carried out but failed to identify the shortfalls found at this inspection. This meant that people were not always protected from potential risk of medicine errors.

The provider had not ensured all records relating to the service were accurate, complete and up to date. Risk assessments for people had not been updated to reflect changes to essential medicines such as insulin and this had not been identified through the audit system for care plans. We identified also that one person's care plan had not been updated to reflect significant changes to their health, in moving and handling, nutrition and communication.

There had been no analysis of the falls that had occurred to try and detect any trends and patterns. There had been a number of falls in the past month (February 2018). Staff had taken immediate action following a fall however there had been no overall analysis to help understand why the falls had happened and if anything could be done to reduce the risk of similar incidents happening again. There had been no referral to the GP, falls team or the local authority and no plan of action entered in to the care plan or risk assessment to prevent a re-occurrence.

The lack of robust quality assurance processes and risk management measures meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff training and a lapse of supervision had been identified by the manager and area manager and we were assured that this was being taken forward robustly to ensure peoples safety.

Records and documents pertaining to the running of the home which included health and safety checks

were all up to date and readily available at the service.

Feedback was gained from people by annual satisfaction questionnaires and by regular resident meetings. People had mixed views about the resident meetings and the management team. People told us, Yes the staff listen to me, the manager comes to chat. The quality of care here is good. I have nothing to complain about, they would sort out any problem if I had any," "There was a manager but she left, I want her to come back, I miss her It is very good here."

There was an open culture at the service. The manager was visible and worked at the service 8am until 5pm, five days a week. He was beginning to have a good understanding of people and their individual support needs. He said, "It is always difficult in the first weeks taking over as manager and getting to know people and staff, but we will get there. Lots of things I want to introduce but it will not happen overnight, but slowly and safely."

The Manager told us that they had an open door policy which had really supported the home to be able to rectify any concerns before they become bigger issues and offer support in any areas where it may be needed. People knew there was a new manager and thought he was helpful, nice and approachable. One person said, "He's new, but a good person." A visitor said, "A few changes lately, key staff have moved on, but the care is still good."

Staff told us they enjoyed working at the service. Two staff said that they had completed staff surveys in the past but could not remember if they had completed one last year. Staff told us, "Very happy here, well supported, some training still to do, I think I'm due my moving and handling training soon, ," and "I like working here, lovely residents." Staff meetings had not been as regular during the last four months of 2017, but had started again in January 2018. One staff member said, "We need staff meetings especially as we have new manager and staff."

Staff had access to policies and procedure, for example, whistle blowing, safeguarding, infection control, health and safety.. However, not all staff had read them, but knew they were kept in the office. One staff member said, "I would read the policy if I needed to." Another staff member said that they had read them when they first came to work at Orchard House. Not all policies had an implementation date or review dates and this is something the provider was working on. The medicine policies were one identified as needing to be reviewed to ensure they were current.

We saw evidence that the service worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. The health and social care professionals we contacted did not express any concerns at the time of our inspection. External health care professionals such as the GP and dietician, contacted, informed us that staff were kind and followed their guidance.

The provider was aware of the requirement to inform the Care Quality Commission of events or incidents which had occurred at the service. The commission had received appropriate notifications, which helped us to monitor the service.

From April 2015 it was a legal requirement for providers to display their CQC rating. The provider was displaying their rating correctly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's safety were not being adequately identified and addressed in a timely way. Regulation 12(2) (a) (b). People's medicines were not safely managed or consistently administered as prescribed. Regulation 12 (1) (2) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance There were a range of audits to monitor and assess the quality of the service. However these were not fully effective, as shortfalls were not being identified or addressed. Regulation 17, (1) (2) (a), (b) (c) (d)