Mr Mukesh Patel

Orchard Lodge Care Home

Inspection report

Stanbridge Road
Tilsworth
Leighton Buzzard
Bedfordshire
LU7 9PN

Tel: 01525211059

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 16 and 21 June 2016 and was unannounced. We last inspected this home in September 2014 and found that the provider was meeting the legal requirements in the areas we looked at.

Orchard Lodge is a nursing care home in Leighton Buzzard, providing accommodation for people who require nursing or personal care, diagnostic and screening, and the treatment of disease, disorder or injury. The home had capacity to house up to twenty-eight people but there were twenty-five people living there at the time of our inspection.

The home has 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.

The service was not always responsive to the changing needs of the people who lived at the home because people were not always involved in the assessment and planning of their care. People's care records were also not always updated to reflect their changing needs. However, people were encouraged and supported by the staff team to follow their hobbies and interests, and there was an effective system in place for handling complaints.

People who lived at the home were safe because the provider had systems in place to safeguard them from avoidable harm. These systems included the safe recruitment and training of staff who supported people and carrying out risk assessments of the home environment. Personalised risk assessments were carried out to minimise avoidable risk of harm. The effective and safe administration and management of people's medicines also formed part of the system the provider had in place to ensure people's safety.

People's care and support was effective because the staff employed to the service were trained, skilled and understood their role. They supported and encouraged people to eat a healthy and balanced diet and to have access to other health and care services when necessary. They sought people's consent before they provided any care or support and were compliant with the requirements of the Mental Capacity Act 2005.

People were cared for by staff who were kind, caring and empowering. They supported people in ways that promoted their privacy, dignity and respected their views. They provided support that was personalised to people.

The management team ensured the service ran appropriately providing visible leadership and oversight at all levels. This ensured the provision of a good level of care and support to the people who lived at the home.

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 trained in safeguarding people and knew how to keep people safe from avoidable harm.

People had individualised risk assessments in place that gave guidance to staff on keeping them safe.

The provider had robust policies and procedures in place for the safe recruitment of staff.

People's medicines were managed and stored appropriately.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's care needs and were trained to meet these needs.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were met.

People were supported to access other health and social care services when required.

Is the service caring?

Good

The service was caring.

Staff were kind, patient and supportive of people.

They were respectful and friendly in their interactions with people.

People were supported to maintain relationships with their loved ones and had their privacy and dignity respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always involved in the assessment and planning of their care.

People's care records were not always updated to reflect their changing needs.

People were encouraged and supported by the staff team to follow their hobbies and interests

There was an effective system in place for handling complaints.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

Both the registered manager and the provider were visible and approachable.

The provider had systems in place for monitoring the quality of the service provided.

Orchard Lodge 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 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 inspection took place on 16 and 21 June 2016 and was unannounced. It was carried out by one inspector from the Care Quality Commission (CQC).

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including notifications and other information received from the provider. A notification is information about important events which the provider is required to send to us. The local authority had recently carried out a monitoring visit of the home, so we gathered feedback from their visit.

During the inspection we spoke with three people who used the service and three of their relatives to get their feedback about the quality of the care provided to them. We also spoke with three members of the care staff, a member of the maintenance staff, the activities co-ordinator, the cook, the administrator, the deputy manager, the registered manager and the provider. We observed how care was delivered and reviewed the care records and risk assessments for three people who lived at the home. We looked at three people's medicines and medicines administration records, and three staff recruitment, training and supervision records. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

The people we spoke with and their relatives told us people were safe living at the home, because the provider had systems in place to safeguard them from avoidable harm. One person said, "Yes I find it quite nice really, the staff are nice and friendly and they are here all the time. That's what makes me feel safe." A relative we spoke with told us, "[Relative] is safe yes. In the main, this place rates as good. I find they do a good job." Another relative said, "I can't fault it. My [Relative] is happy, they really are brilliant."

Staff told us that the people who lived at the home were safe because there were sufficient staff that were trained in safeguarding people and meeting their identified needs. A member of staff we spoke with was able to provide an example, and told us. "People who need bedrails have them in place, there are floor alarms [to alert staff of when people who need monitoring during the night get out of bed], the roof was replaced last year, we have cleaners to prevent infection and we have enough trained staff to look after [people]." Another member of staff told us, "It is definitely safe, we take care of [People] like we would like our parents taken care of. We even have one of the staff's [relatives] living here. [They] wouldn't have had that if it wasn't safe." One other member of staff said, "It is brilliant, my [relative] wouldn't have lived here if it wasn't and I wouldn't be working here."

Staff were trained on safeguarding so that they could support people to remain safe, and to protect them from potential risk of harm. They understood their role and responsibilities in safeguarding people, and they were knowledgeable on the actions they would take if they were concerned about people's safety. One member of staff told us, "I did my safeguarding training last year. I don't have any safeguarding concerns, if I had any I will report it to the nurse in charge, then the deputy manager, the manager, the owner, the Care Quality Commission (CQC) and the safeguarding team." This member of staff went further and explained what constituted abuse, and how they would recognise the signs that would indicate that the people they supported were unsafe. The local authority's safeguarding procedure and contact details for the agencies that were contactable in case of any safeguarding concerns were displayed in the nurses' offices. This was in addition to the provider's safeguarding policy which was accessible to staff and again was on display in the nurses' offices. We reviewed the safeguarding policy and found it to be up to date. It detailed guidance for staff on how to identify and report any safeguarding they may have. While this policy was robust, we found that it did not detail the provider's arrangements for notifying the CQC in the event that there were safeguarding concerns. We raised this with the manager and they made the required amendments immediately.

The provider had a whistleblowing policy in place. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without the fear of consequences of doing so. The staff we spoke with were aware of the provider's whistleblowing policy. One member of staff told us, "If I had any concerns I wouldn't be afraid to whistle blow to management or to the CQC. You look after clients as you would your mum and dad, they are vulnerable and they trust us so we can't let them down." We reviewed the whistleblowing policy which was situated in the nurses' offices, and found it to be robust and informative.

The systems the provider had in place to keep people safe also included the implementation of individualised risk assessments for each person who lived at the home. The aim of this was to safely manage all aspects of people's care and to give guidance to staff on how to manage risks posed to people. A member of staff we spoke with told us, "We carry out risk assessments of people's needs and if there are any risks identified, we put a risk assessment in place. Everybody has their own risk assessments. They are developed with them if they have capacity, and if not with their families. When changes are identified in people's needs, the risk assessments are changed immediately. For example, some people were able to walk independently when they moved here and they can't manage it, some ate independently and now they need support, so we change the risk assessments accordingly." We saw that people's risk assessments covered areas such as moving and handling, falls, use of medicines and safeguarding. People's risk assessments were reviewed and updated every six months or earlier if required.

Furthermore, the provider had health and safety risk assessments in place to manage the identified risks posed to the people by the home environment. These risk assessments covered areas such as safeguarding people, fire safety, control of substances hazardous to health (COSHH), food safety and pressure ulcer care. These health and safety risk assessments identified hazards that could cause harm, those who could be at risk of harm, and the actions that were being taken to keep people safe. We found however that most of these risk assessments needed to be updated as they expired in 2015. We spoke with the manager about this and they told us they would review and update all the risk assessments with immediate effect.

The health and safety risk assessment was accompanied by the provider's business continuity plan. This detailed the steps the provider would take to ensure people's safety, in an event that stopped the home running in the way that it should. Staff told us they were aware of this emergency plan and they knew the actions they would take in an emergency situation. We found that the service had a dedicated member of staff who was responsible for repairs and maintenance around the home. Part of their role was to monitor health and safety within the home and to ensure checks such as fire safety, legionella tests, and tests of all electrical portable appliances had been carried out by the relevant parties. A member of staff we spoke with told us, "We have a structured maintenance schedule which includes checking fire doors and the fire alarm for example, every Monday at 11am."

People were supported with the management and administration of their medicines by the staff team. One person told us, "Yes I get my medicines on time. The nurse gives them to me." People's medicines were administered as prescribed and stored safely within a locked trolley in the home's medicines room. We looked at the medicine administration records (MAR) for three people and found that these had been completed correctly. Protocols were in place for people to receive medicines that had been prescribed on an 'as and when needed' basis (PRN). We carried out a reconciliation of the stock of medicines held for three people against the records and found this to be correct. People's medicines were audited regularly by the provider. We found that the qualified nurses were the only members of staff trained and authorised to administer people's medicines. A member of staff we spoke with told us, "A nurse in charge does the medicines for people." This person further explained that controlled drugs were administered and reconciled by two nurses at all times.

The provider had a safe recruitment policy to support the recruitment of staff. This included checks with the Disclosure and Barring Service (DBS) to ensure that applicants were suitable to safely care for people. Health questionnaires were completed to ensure they were fit for the role applied for and employment references were sought from previous employers. This supported the provider to determine whether applicants were suitable for the roles they were being considered for.

People, their relatives and members of the staff team told us the home was sufficiently staffed and the way

staff were deployed was appropriate in meeting people's needs. One person said, "Yes, there is enough staff. There is always staff around to help you." A relative told us, "I don't come every day but whenever I am here they seem to have enough staff about." A member of staff added, "There is enough staff, everybody gets on." We reviewed the staff rota for the two weeks prior to our inspection and the two weeks that followed and found that all the shifts had been covered and that the service did not use any agency staff.

Good

Is the service effective?

Our findings

People we spoke with and their relatives told us that the care provided to people was effective because the staff were trained, skilled and knowledgeable about their role and responsibilities. One person said, "The staff are very good, very friendly. Yes, they know me, what I like. They are a nice bunch." One other person told us, "Yes they are trained. Sometimes you find it hard to understand what some of them are saying but they know how to look after us." A relative we spoke with said, "I find they do a good job. They are very good with [Relative]. Only thing is there is a large turnover of staff and some mornings I come in [Relative] hasn't had the attention [they] needed in getting ready for the day but they take it in turns you see. I am reasonably satisfied with what they do." Another relative told us, "The people are very well looked after. The staff are very nice people." Staff told us the care they provided to people was effective because they understood people's care needs. One member of staff said, "We get to know people when they first come in and often, the settling time is difficult but you see them relax and open up and that's lovely. We find out who they are and what they like." One other member of staff said, "Of course the care is effective. For example, we don't have anybody here with a pressure ulcer. Two people moved into the home from hospital with pressure ulcers but they have now fully healed. We have all the pressure mattresses and equipment to make sure [people] are well."

Staff received a full induction at the start of their employment. They told us the provider's induction programme was robust and gave them the opportunity to understand their role, responsibilities and the care needs of the people they supported, at the start of their employment. A member of staff we spoke with said, "Yes, I did my induction. I came in for two weeks and watched and worked with other staff to understand how the work was done. I also read the care plans and did my moving and handling, health and safety and other trainings at that time." Another member of staff told us, "Yes I did an induction, it was fine. I had never done this job before I started here so they thought me everything I needed to know. I worked with another member of staff who showed me everything and that still applies now. We work in twos and if there is something you are not sure about you can always ask." We reviewed staff records which confirmed that they had received an induction and that the provider's induction programme included staff reading through people's care plans and working alongside experienced members of staff on shift till they became confident to take up their full job roles.

Staff were trained in areas deemed to be key in them carrying out their roles effectively. They told us that they received the right amount of training which enabled them to support the people who lived at the home. A member of staff we spoke with said, "Yes we get the training we need. For me, the training gave me the ability to do my job properly. It refreshes my mind and also things change very quickly so it helps in understanding changes in care." We reviewed the home's training records which confirmed that staff training covered areas such as moving and handling, infection control, health and safety, safeguarding people, diet and nutrition, dementia awareness, fire safety, and medicines care and administration. New members of the staff team were given the opportunity to complete the care certificate.

The manager held regular supervision meetings and annual appraisals with staff as a way of supporting them and monitoring their performance. A member of staff we spoke with told us, "I have my supervision

meeting every two months with [manager]. I find them useful on the whole because we get to discuss any issues or problems, we also talk about any changes that are coming in." Another member of staff said, "I have six supervision meetings a year. We talk about what needs to be improved in the home and any changes I want to suggest. If I needed to talk to the manager about somethings that cannot wait till my scheduled supervision, she accommodates this." We reviewed the staff's records which confirmed supervision and appraisals were held as appropriate.

Staff had a good understanding of the requirements of the Mental Capacity Act 2005 (MCA). 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. A review of people's records showed that assessments of people's mental capacity to make decisions in specific areas had been carried out by the provider. We saw that where best interest decisions had been made on people's behalf, they were accompanied by the appropriate mental capacity assessments.

The provider had also assessed whether people were being deprived of their liberty in the course of their care and support. 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 found that there were a number of authorisations granted by the supervisory body because for people's safety and well-being, they were not always free to leave the home unsupervised. Staff had been provided with information to help them understand these legislations, and they were trained as appropriate. A member of staff we spoke with told us, "Yes we have done out MCA and DoLS training. It is about protecting [people's] rights to make their own decisions. If they can't then any decisions made for them should be in their best interest."

People, their relatives and members of staff told us that people's consent was sought before care and support was given. One person said, "Oh yes, they always ask my permission and if I say no, they leave it, they don't make a fuss." A relative we spoke with told us, "[Relative] has dementia and there is no telling if [they] understand staff but the staff still asks [their] permission before doing anything. I am [Relative's] appointee and make best interest decisions for [them], and they ask my permission." A member of staff we spoke with said, "I always ask people's consent, I come up and just ask them. If they can't answer verbally, they give a 'thumbs up' or just 'nod' We all do it. We make sure we knock on doors and say hello and wait to be invited in before we go into [people's] bedrooms." Another member of staff told us, "We speak to them nicely and ask if it is okay and give them choices. We ask if it is okay to do your personal care or ask if you want to go to the lounge today or what it is that they wanted to do on the day." We observed staffs' interactions with people on the days of our inspection and saw they asked people's permission before they provided support.

People and their relatives told us they had enough to eat and drink and that the food was nutritious. People were provided with a choice of food, snacks and drinks throughout the day. One person said, "I get nice food and they bring it to my room if I want them to." A relative told us, "The food is really nice, they have a good cook here. They always offer me drinks and if I am here at meal times they offer me something to eat." A member of staff told us, "[People] definitely have enough to eat and drink. They choose what they want to eat every day and if there is something that they don't like, we get them something else. Working with [people] for a while you get to know what they like and what foods they don't."

We saw that the home had a dedicated kitchen staff who were solely responsible for food preparation. We

spoke with a member staff and they told us, "I enjoy working here it is a nice place. We have a four weekly menu, we develop it with people's support. We speak to them and find out what they wanted on the menu. People mostly like soft old fashioned foods such as casseroles, so we work around what they like. They get two choices and sometimes three choices per meal time. We were putting hot foods out in the evenings but they didn't like it because they would have had a big dinner so we swapped it for cold foods such as finger food or sandwiches. We use 'food first' guidance which shows us how people's foods are to be fortified or modified to give more nourishment, if need be. We have a list of everyone's birthday and bake them cakes on their birthdays. We also have a list of people who are diabetic so we know what foods are right for them. We checks all foods, fridge and freezer temperatures every day and also clean the kitchen to prevent contamination or infections. I have completed a food hygiene training course."

We observed that the home had a very positive and kind approach to food and drinks. Food, snacks and drinks were on offer to people, their relatives, staff and even visitors to the home. It felt very much like a family atmosphere with the manager, the provider and staff always concerned if people had enough to eat and drink. We reviewed the previous three menus and found that people had a healthy and balanced diet that incorporated their individual choices.

People's healthcare needs were assessed and met by the service. People told us they accessed healthcare services as required, including the GP, dentist and optician. Their known health conditions were recorded in their care plans. Records of people's visits to these professionals were kept in their care plans and updated with the actions that were taken to support the person with their health condition. The service routinely monitored people's healthcare needs and supported them to access the right health care services when changes occurred. One member of staff told us, "If we are concerned about a [person's] health, we tell the nurses immediately. They will check them and then call the GP or an ambulance if necessary. We have a GP come round every Friday to check on people but they will come out at any time if we call them. [People's] diagnoses and health conditions are recorded in their care plans and if we have a new person move in, the nurses and the manager give us all the care information we need to care for them."

Good

Is the service caring?

Our findings

People and their relatives told us they were supported by a staff team who were kind, caring, and compassionate. One person said, "I have lived here for [time] and I find it quite nice. Everybody is friendly. We all get along." A relative we spoke with told us, "I can't fault it at all. It is lovely. The staff are brilliant and so is the owner, [they] are very nice we get on really well."

The staff we spoke with also told us that the service and its staff were caring towards the people who used it. One member of staff said, "I volunteered here, my [relative] used to live here. It is like a family home this place, working here is more like a hobby to me." Another member of staff told us, "We are a very caring home. All the staff have a good and caring work ethic. In all the time I have been here I have never seen anything that concerns me. I enjoy working here and get a lot of satisfaction out of it. The owner also is a very good person. Whenever we ask for something to do with [people], the care or safety, he does it straight away. He does not hesitate."

The atmosphere within the home was very lively with a lot of positive interactions between the people who lived at the home, the staff, the manager and the provider. People were comfortable and at ease with staff. It had been one person's birthday a few days before our inspection and there was a celebratory feel 'in the air'. People were well presented and engaged by the staff. The people who were bedbound were also included and engaged. We saw that staff regularly visited them in their bedrooms to check on them. Staff's communications with people were very friendly, endearing and respectful. They spoke with people appropriately and called them by their preferred name. They offered people choices, asked their permission and respected their decisions. We found that the home was very much people led, for example, the provider made one suggestion about décor and was advised that the people wanted something different and they agreed.

Staff were knowledgeable about people's care needs, they were able to talk us through them in a confident manner. One member of staff said, "I have read all the care plans and you know [people] more from working with them." We found that people's care records contained information about their life history, preferences and things that were important to them. There was a specific section in people's care records called 'map of life'. This detailed information about people's place of birthday, the schools they attended, the places they worked, their childhood memories, their close friends and siblings, names of any pet they had, holidays they have been on and hobbies that were of interest to them. People also had lifestyle profiles in their care records. This part of their care plans contained information about their likes and dislikes around foods and meal times, the activities they enjoyed and how they liked to take part in activities, for instance, in large groups or their own company.

People's bedrooms were spacious and decorated to their own taste. Each person's room was personalised with pictures and items that were of importance to them. People were encouraged and supported to maintain relationships with their families and loved ones. A person we spoke with told us, "My two nieces often come to visit me. They can come at any time. There are no restrictions no." A relative we spoke with also made comments to that effect. They said, "I can come any time. They really don't mind."

People were treated with dignity and respect and had their privacy observed. People told us staff were respectful of them and our observations during this inspection confirmed this. We saw that people's permission was sought by staff before they provided care. They knocked on people's doors before entering their bedrooms; they offered people choices and gave them ample time to make decisions. People's decisions were respected. A member of staff we spoke with told us, "I respect [people's] privacy and dignity in the way that I would expect my parents' to be respected. We make sure people are well covered during person care and that they are made to feel comfortable. We also make sure they are always clean and fresh." We found that this ethos seemed to run across the home.

Requires Improvement

Is the service responsive?

Our findings

The service was not always responsive to the changing needs of the people they supported. People's health and care needs had been assessed by the provider prior to them living at the home. 'The Orchard Lodge care home pre–admission assessment' records covered areas such as people's dietary needs, their physical health, history of falls, continence, mental state and cognition, medicines, personal safety, health professionals involvement and social interests, hobbies, religious and cultural needs. These assessments identified the level of care people needed to determine if the home could safely meet them. People's needs assessments were the basis from which their care plans were developed.

We reviewed three people's needs assessment records and found there was a lack of evidence to show that they or their relatives were involved in the assessment process. A relative we spoke with told us, "No I was not involved in [Relative's] assessment. This person further explained that they were the only relative that the provider could have attained information from during the assessment process. They added, "[Relative] was in another care home before coming here but that place was not suitable. I think they got the information [about relative's needs] from the old care home."

We saw that the staff reviewed people's care plans on a monthly basis but in one instance, we found that a person's health had improved drastically due to staffs' intervention, after they were admitted to the home, but a review of their care plan did not ensue. For example, the arrangements that were in place around decision making and care for this person when they were deemed terminally ill were still the ones used at the time of our inspection. We raised this with the registered manager and the provider and they agreed to take steps to address this issue.

People who lived at the home had personalised care plans put into place. We looked at three people's care plans and found they followed a standard template used within the home. These plans detailed information about how people were to be supported for example, around their personal care and hygiene needs, their nutritional and mobility needs, use of their medicines and around their emotional needs. Care plans also held information about people's history, their preferences, interests and hobbies. These care plans were used by the staff team as a guide on meeting people's care needs.

People were supported to take part in a range of hobbies and activities that interested them. The provider had employed a specific member of staff who was responsible for providing and coordinating activities for people. Volunteers were also employed to support in this area. We spoke with a person who lived at the home and they told us, "Oh yes, there is always something going on. The girls are very good with that. They sort out the Christmas parties and the birthdays as well." A member of staff added, "We try and involve everybody in activities, sometimes they join in and sometimes they don't, we respect their decision. We have a musician come in every two months and everybody sings along, we have fates, water painting, keep fit with [Name] which happens every Tuesday, craft, songs of praise where the local vicar visits and the Christmas party." The registered manager told us that the provider bought presents for people out of their own budget at Christmas so that Santa Claus could deliver them to people at the annual Christmas party.

The provider had a system in place for handling and managing complaints. The complaints procedure was placed in the entrance hall to the home. It stated, "Should you have a complaint of any nature regarding the service we provide, please feel free to speak with the manager [Name], or the nurse in charge whose commitment is to provide the very highest standard of care possible. If you are not satisfied with the way your complaint was dealt with and wish to take your complaint further, please contact registered provider." This procedure included the contact details of the provider and the CQC whom people could raise their complaints with. People and their relatives told us they knew who to raise concerns if they had any. One person said, "I will talk to staff." A relative we spoke with told us, "I have no grievances about the place, I will talk to the staff or the manager if I had any, they listen." We reviewed the records of complaints that had been made and found that they were all resolved to complainants' satisfaction.

Good

Is the service well-led?

Our findings

The service was well-led because there was visible leadership that promoted a culture that was positive, open and person-centred. There was a registered manager in post. They were supported in managing the service by the deputy manager, the staff team and the provider.

People who lived at the home, their relatives and staff all commented positively about the registered manager and the provider. They told us that both the registered manager and the provider were visible, approachable and supportive. We saw the registered manager's and the provider's interactions with people, relatives and staff, and found these to be very positive. One person told us about the provider, "[Name] I know him, he is a very nice man." Another person said about the manager, "Yes I know who the manager is [Name]. She is very good, she comes round to say hello. She's nice, yes." A relative we spoke with told us, "The place is very well run, if anything is not right with [Relative] they ring me up and tell me, they are brilliant. The owner is a nice man, we got on well. If I need to go into a home I will come here." The staff we spoke with were in agreement with the comments made by the people who lived at the home and their relatives. One member of staff said, "The manager is very good. If you have problems she will sit and listen to you. She is open to new ideas and suggestions. If there is anything you need or have problems at home, she's flexible and supportive. The owner is the same. He likes to get things sorted. He is very good with [People] and staff." Another member of staff told us, "The owner is a fair person, he is a good employer. He makes sure we are never understaffed."

The home had a very relaxed feel to it with people, their relatives and staff at ease in the company of the provider and that of the registered manager. The provider maintained oversight of the home and the care provided to the people who lived there. They told us they visited the home at least every ten days and telephoned in every day. They received daily face to face hand overs about the home where possible, from a close relative of theirs who worked at the home. The provider talked us through the confidence they had in the registered manager and of the entire staff team. We observed their interactions with the registered manager and found these to be professional and collaborative.

The registered manager was also a qualified nurse, and told us they had worked at the home for about fourteen years. They were clearly knowledgeable about people's care needs and their role within the home. Staff also knew their job roles and what was expected of them. They were aware of the provider's visions and values which they called their 'philosophy of care and commitment of care'. These were on display at the entrance hall to the home and they detailed the rights of people who lived at the home. For example we saw information relating to privacy and dignity, considerate and respectful care, choices and decisions to refuse any care offered.

People and their relatives were encouraged to provide feedback and to be involved in the development of the service. This was done by way of satisfaction surveys which were carried out yearly. The results of these surveys were used to identify areas of improvement to be made within the home. The latest satisfaction survey was carried out in June 2016 and the manager was working on analysing the feedback at the time of our inspection. One relative told us, "I got a feedback questionnaire not long ago and I gave a positive

feedback because it is a very good home."

Quarterly residents meetings were also held as a way of gathering people's feedback and involving them in the development of the service. We saw minutes of the last meeting held on 22 March 2016 and found that the areas of conversation included food and menus, maintenance, laundry key workers, staffing and activities. Three monthly staff meetings were also held as a way of engaging staff to be a part of the development of the service. The minutes of the last staff meeting held on 02 February 2016 showed that the topics discussed were staff training and dress code, staff annual leave, waste management, people and their personal care needs, infection control and care plans.

The provider had a quality assurance system in place. Quality audits were carried out by the registered manager on intervals deemed appropriate by the provider. These quality audits focussed on areas such as infection control, pressure ulcers, fire safety, people's medicines and maintenance. Action plans were developed when required to address any improvements that were needed as a result of these audits. Although these processes were in place, we did highlight areas in this report that could have been addressed had the provider's auditing processes been more robust. For example, the review of people's care plans to ensure people's changing needs had been captured.

The provider also had a system for handling and managing compliments that were made about the home, the staff and the care that was provided to people. We reviewed records of compliments and found one that read, "I would like to thank you all once again for how wonderfully well you looked after my [Relative]. I know he was not the easiest of characters but you all went the extra mile for him. I know he didn't always say it but he was extremely happy and very comfortable at Orchard Lodge. I will miss seeing you all as you were also extremely kind to me as well. Thank you."