

HMT Care Limited

Orchard House

Inspection report

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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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 15 January 2016, was unannounced and was carried out by two inspectors.

Orchard House is situated in a residential area of Herne Bay. It provides a specialist service for people diagnosed with neuro-disabilities, specifically Huntington's Disease. The service comprises of a large detached house where 10 people can live and a separate three bedded bungalow. At the time of the inspection there were nine people living in the main house and the extra room was used for people who needed respite care. There were two people living in the bungalow and the third room was used for respite care. Some people had lived at the service for a long time and were becoming increasingly frail. Due to the deterioration in their condition the amount of personal care and support they needed had increased.

The care and support needs of the people varied greatly. There was a wide age range of people living at the service with diverse needs and abilities. Some people had complex communication and mobility needs. Some people were able to make their own decisions about how they lived their lives. They were able to let staff know what they wanted and were able to go out on their own.

The main house was set out over two floors. The first floor could be accessed by stairs or a passenger lift. On the ground floor were communal areas and bedrooms. Each person had their own bedroom which contained their own personal belongings and possessions that were important to them.

There was a registered manager working at the service and they were supported by a deputy manager. They were also the registered manager of another service close by. 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. On the day of the visit the registered manager, staff and the provider supported us throughout the inspection.

The registered manager had been in charge at the service for a long time. They knew people and staff well. The deputy manager spent more time at the provider's other service, managing it on a day to day basis.

The registered manager and some staff knew how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. They considered people's abilities to give consent to complex decisions and held best interest meetings when people were unable to give consent. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance.

The care and support needs of each person were different and each person's care plan was personal to

them. Parts of the care plans recorded the information needed to make sure staff had guidance and information to care and support people in the safest way. People indicated they were satisfied with the care and support they received. However, some parts of the care plans did not record all the information needed to make sure staff had guidance and information to care and support people in the way that suited them best and kept them safe. Potential risks to people were identified but full guidance on how to safely manage the risks was not always available. This left people at risk of not receiving the interventions they needed to keep them as safe as possible.

Staff were caring and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff. When people could not communicate verbally staff anticipated or interpreted what they wanted and responded quickly. Staff were kind and caring when they were supporting people. Some people were unable to communicate using speech. The way that people communicated was not recorded in their care plans to guide and inform staff. Information was not presented in ways people found meaningful and accessible.

People were supported to have a nutritious diet. People, because of the condition they were living with, required a lot of extra calories throughout the day. Staff made sure people received all the food and drink and that they needed. Care and consideration was taken by staff to make sure that people had enough time to enjoy their meals. Meal times were managed effectively to make sure that people received the support and attention they needed.

The staff were effective in monitoring people's health needs and seeking professional advice when it was required. People received their medicines safely and when they needed them and they were monitored for any side effects. When people needed medicines on a 'when required' basis there was guidance so that they were given consistently. The room temperature where the medicines were stored was not consistently checked to make sure the medicines remained effective. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

People felt safe in the service. Staff understood how to protect people from the risk of abuse and the action they needed to take to report any concerns in order to keep people safe. Staff were confident to whistle-blow to the registered manager if they had any concerns and were confident appropriate action would be taken. The registered manager responded appropriately when concerns were raised. The registered manager followed clear staff disciplinary procedures when they identified unsafe practice.

Accidents and incidents were recorded and appropriate action had been taken. The events had been analysed to look for patterns or trends to prevent further occurrences.

A system to recruit new staff was in place. Not all the safety checks had been completed before staff started to work unsupervised with people. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed. There was enough staff to take people out to do the things they wanted to.

New staff had induction training but this was not monitored. Staff were not checked to make sure they were competent before they started working on their own with people. New staff did shadow experienced staff and said they did not work unsupervised until they felt ready.

Core training and more specialist training was provided but not all staff were up to date with parts of the training and some staff had not received specialist training to meet people's specific needs. However, staff did have a good knowledge about people's conditions.

Staff fully understood their roles and responsibilities as well as the values of the service. Staff were receiving support from the registered manager through one to one meetings but the frequency of the meetings were not in line with the provider's supervision policy. Staff did not have the opportunity to regularly privately discuss any issues, their performance and identify any further training or development they required. Yearly appraisals were being held to make sure staff had the opportunity to review the previous year and set work based goals for the following year.

There was a complaints procedure available. The complaints procedure was not produced in an accessible or easy read format that may be more suitable for people's needs.

There were quality assurance systems in place. Audits and health and safety checks were carried out but some shortfalls had not been identified and action had not been taken. The registered manager had formally sought feedback from people their representatives and staff about the service. Their opinions had been captured and analysed but there was no action plan to show how the provider intended to address all issues and suggestions to drive improvements within the service.

People, staff and relatives told us that the service was well led and that the management team were supportive and approachable and that there was a culture of openness within the service.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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 ●

The service was not consistently safe.

Risks to people were assessed but guidance was not always available to make sure all staff knew what action to take to keep people as safe as possible.

People's medicines were managed safely but the temperature of the room where medicines were stored was not checked.

Staff knew how to recognise and report abuse.

There was enough skilled and experienced staff on duty to make sure people received the care and support they needed. Recruitment procedures were in place but were not fully adhered to before new staff started to work with people.

The registered manager monitored incidents and accidents to make sure the care provided was safe.

Is the service effective?

Requires Improvement ●

The service was not consistently effectively.

Staff received induction training but this was not monitored to make sure staff were competent to support people. Not all staff had completed specialised training and some training was not up to date.

Staff felt well supported by the registered manager but had not received regular one to one supervisions. Staff were in the process of receiving annual appraisals.

Best interest meetings had been held and Deprivation of Liberty Safeguard authorisations had been applied for and some granted. Mental capacity assessments had been completed in line with the Mental Capacity Act 2005.

When people had specific physical or mental health needs and conditions, the staff had contacted healthcare professionals and made sure that appropriate support and treatment was made available.

People were provided with a suitable range of nutritious food and drink.

Is the service caring?

Good ●

The service was caring.

Staff took the time needed to communicate with people and included people in conversations. However, guidance on how people did communicate was not available. Staff spoke with people in a caring, dignified and compassionate way.

People and their relatives were able discuss any concerns regarding their care and support. Staff knew people well and knew how they preferred to be supported. People's privacy and dignity was maintained and respected.

People and their families were involved in reviewing their care and the support that they needed. People had some choices about how they wanted to live but information was not provided in an accessible meaningful format.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's care and support was not always planned in line with their individual care and support needs.

People were involved in aspects of their care and support. People's choices and preferences were considered in all aspects of their care. The staff were flexible and responded quickly to people's changing needs or wishes.

Staff were aware of people who stayed in their own rooms due to health needs or personal choice, and were attentive to prevent them from feeling isolated.

People indicated they would be able to raise any concerns or complaints with the staff and registered manager, who would listen and take action if required.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There were systems in place to monitor the service's progress using audits and questionnaires. Some audits had not identified shortfalls and when issues had been identified action had not

been always been taken.

Staff were aware of the provider's vision and this was followed through into their practice. The staff were aware of the service's ethos for caring for people as individuals and putting people first.

The registered manager and provider supported the staff in providing compassionate and sensitive care for people, and provided a culture of openness and transparency.

Orchard House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 15 January 2016 and was unannounced. It was carried out by two inspectors.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This was because we inspected this service sooner than we had planned to. 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.

As part of our inspection we communicated with six people at the service and two relatives. Some people could not talk to us so we spent time observing them and communicated using body language and signs. We spoke with the provider, the registered manager and five members of staff. We also spoke with the administrator and facilities manager. We observed staff carrying out their duties, such as supporting people to go out and helping people with their lunch and drinks.

We reviewed a variety of documents which included four people's care plans, training information, staff files, medicines records and some policies and procedures in relation to the running of the service.

We last inspected Orchard House on 10 May 2013 when no concerns were identified.

Is the service safe?

Our findings

People indicated that the staff looked after them well and they felt safe. People were relaxed and happy in the company of the staff team and approached or indicated when they wanted something and staff responded quickly to them.

Risks to people had been identified and assessed but guidelines to reduce risks were not always available or were not clear. Risk assessments varied in quality. Some people were at risk of their skin becoming sore and breaking down because their mobility had reduced. People were sitting on special cushions and had special mattresses to protect their skin, but there was no information to tell staff the early signs they should be looking for that would indicate a person's skin was becoming sore and what action they would need to take. People's special mattresses were not checked to make sure they were set at the correct level that suited the person best. There was no information on how often people's position should be changed to reduce the risks of their skin breaking down. Most people, due to their medical condition were at risk of choking. There was no instruction to say what to do for each individual if they did start to choke. People's needs were diverse. Some people were unable to stand so staff would have to respond very differently to each individual. The experienced staff were able to say what they would do to make sure these risks were kept to a minimum. There was a risk that staff may not take the correct action as they did not have the necessary information in the risk assessments to give them direction.

There was a fire risk assessment and an evacuation plan. Each person had a personal emergency evacuation plan (PEEP). The evacuation plan related to daytime circumstances, when there were more staff on duty and people were up and spending time in communal areas rather than all being in bed. Staffing levels dropped at night. The facilities manager agreed to write a separate evacuation plan giving instructions for a night time evacuation.

Care and treatment was not provided in a safe way for people because the provider did not have sufficient guidance for staff to follow to show how risks to people were mitigated. This is a breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risks had been assessed in relation to the impact that the risks had on each person. There were risk assessments for when people were supported to move using special equipment like hoists. These were detailed and explained how to move people safely and comfortably. Other people were at risk of falling and there was some clear guidance in place to try and prevent this from happening. For example, 'Do not call from behind. Make sure person is wearing appropriate foot wear. Use simple, one word phrases and procedures so person understands. Touch, turn, sit'. We observed staff use this technique effectively and safely.

The provider had policies and procedures in place for when new staff were recruited, but these had not been consistently followed. All the relevant safety checks had not been completed before staff started work. Some application forms indicated that staff had gaps between their previous employments; the gaps had not been explored when staff were interviewed. In three staff files looked at there was only one reference from a

previous employer. One staff file showed that a member of staff had started working with people before a Disclosure and Barring System (DBS) check had been received. (The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services). A risk assessment had been completed to state the new staff member should not work unsupervised but there were no procedures in place to make sure this happened. The staff member was not supernumery on the duty rota but was a member of staff performing designated duties. Interviews were carried out and a record of the interview was kept. Successful applicants were required to complete an induction programme and probationary period. The lack of employment checks left people at potential risk of being cared for by staff that may not be safe to work with people.

The registered person had not ensured that all the information was available as required by Schedule three of the Regulations before new members of staff started work. This is a breach of Regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff carried out regular health and safety checks of the environment and equipment. This made sure that people lived in a safe environment and that equipment was safe to use. Regular maintenance checks were made on systems like the electrics and gas supply. The hoists which were used to support people to mobilise had been serviced to make sure they were in good working order. The building was fitted with fire detection and alarm systems. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was working.

People told us that they always received the medicines they were supposed to. One person said, "The staff tell me what my tablets are for and why it is important that I take them". Medicines were stored in a locked room and were administered from a medicines trolley. The medicines trolley was clean and tidy, and was not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date. Bottles of medicines were dated when they were opened so staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when they were going out of date. Medicines were ordered and checked when they were delivered. Clear records were kept of all medicine that had been received into the service and administered. The records were up to date and had no gaps showing all medicine had been administered and signed for. Any unwanted medicines were disposed of safely.

Some items needed storage in a medicines fridge. The fridge temperatures were checked to ensure certain medicines were stored at the correct temperatures. The temperature of the room where the medicines were stored was not checked, there was a risk that the room temperature may be above the recommended level. When this happens it can reduce the effectiveness of medicines. The staff immediately checked the temperature of the room, which was within the recommended level. The registered manager told us that this check would be implemented daily immediately. Regular checks were carried out on medicines and the records to make sure they were given correctly. These checks were not recorded and there was a risk that errors might be missed. This is an area for improvement.

Staff were trained in how to manage medicines safely and were observed administering medicines before being signed off as competent. Some people were prescribed medicines to use on a 'when needed' basis, which may be for pain or anxiety. There was individual guidelines for staff to follow about how and when to give this 'when needed' medicine. This was important because some people were not able to tell staff that they were in pain or feeling anxious.

Staff had received training in safeguarding adults; they knew the procedures in place to report any suspicions of abuse or allegations. They understood the whistleblowing policy, whereby staff should be able to feel supported to report concerns about other staff members in a way that would not cause them

discrimination. Staff were confident to whistle-blow to the registered manager or the local authority safeguarding team. Staff told us they were confident that the registered manager would deal with any concerns they raised.

Relatives told us that there seemed to be enough staff on duty. One relative said, "The staff are always popping in and out of the bedroom to make sure everything is OK". Staff responded to people quickly when they needed care and assistance. People were not kept waiting and staff were unhurried, relaxed and able to spend time with people. There were enough staff on duty to meet people's needs and to ensure their safety. Staff worked either early or late shifts and extra staff were deployed to support people's appointments and activities. The staffing levels were kept under review and changed depending on people's care and support needs. When people came to the service for respite care the number of staff on duty increased to make sure everybody's needs were met. Care staff were supported by senior staff, the registered manager and the provider. There was a cook, cleaning staff and an administrator who all supported the service so care staff could concentrate on supporting people.

Staff were available and present in communal areas and ready to give people the support they needed. Staff followed a shift plan so they knew who they were supporting and what their responsibilities were on that day. There was an on call system for staff to use if they needed advice out of hours. The registered manager was currently in the process of advertising to recruit one more member of staff to join the service. If there were staff shortages the staff team covered each other's leave and any sickness.

Is the service effective?

Our findings

People who could told us the staff looked after them well and the staff knew what to do to make sure they got everything they needed. Relatives said, "The staff take a great interest and pride in what they do. They go the extra mile for my relative and me". "My relative is spoilt rotten. The staff love her. They put themselves out to make sure everyone is happy and getting what they need. Anything they like the staff will get it for them". "I look forward to coming here" and "I know I couldn't do it better myself. Staff are always happy and laughing, nobody ever moans".

People had a wide range of needs. Some people's conditions were more complex than others. There were some shortfalls in staff training, in particular in training related to peoples' specific needs. Staff had not received all the required training to provide them with the skills and knowledge they needed to look after people in the best way. The registered manager kept a training record which showed when training had been undertaken and what training needed to be completed. New staff members undertook an induction. This included an initial in-house induction where staff were shown policies and procedures and introduced to people. Staff were then given six mandatory training courses which they completed through a workbook. They were expected to complete this during their six month probationary period. The staff induction was not monitored by senior staff and new staff were not always 'signed off' as competent during the induction period. The training courses were not checked to ensure staff had completed them. New staff could work for most of their probationary period without completing any training as there was no expectation for them to complete this in any order of priority. New staff did shadow more senior staff when they started and they told us that this was very useful.

Staff completed moving and handling practical training when they started work. The provider had not introduced the Care Certificate for new staff, as recommended by Skills for Care, the training agency set up by the government to promote best practice. The provider agreed to look at the topics covered in the Care Certificate to enhance the current induction as this was an area for improvement.

Some training courses were provided that related to directly to people's health and support needs like Huntington's Disease and Mental Capacity Act and DoLs training. Some staff had not completed Huntington's disease training, which was the condition the majority of the people had. The majority of staff had a good knowledge of Huntington's Disease but some staff were unsure about the MCA and DoLs and how this impacted on people. There was a risk that people could receive inconsistent or inappropriate care and support as not all staff had the knowledge, training and understanding in these areas.

Staff had not all had regular supervision, (one to one meeting with a line manager). Supervision gives staff the opportunity to talk to a line manager about career development, training needs and any issues about the service, the people and their own performance. The provider's supervision policy stated that staff should have supervision four times a year. A new member of staff had been at the service for three months but had not received supervision. Staff did not have the opportunity to regularly privately discuss any issues, their performance and identify any further training or development they required. The provider was in the process of meeting with all staff for a yearly appraisal.

The staff had not received the supervision they needed to fully support them to carry out the duties they were employed to perform. The registered person had not taken all the necessary steps to make sure all staff were suitably qualified, competent skilled and experienced to work with people. This was a breach of Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Some staff had been trained about the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed. If people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. Some people had to make important decisions, for example, about medical treatment. People's representatives had got together to decide if some treatment was necessary and in the person's best interest.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Some people were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. They were awaiting the outcome of most applications. Some applications had been considered, checked and granted for some people ensuring that the constant supervision was lawful.

Staff used different ways of communicating with people. They talked slowly, used gestures and hand signs. Staff put their hands out to touch people in a kind and gentle manner. Staff were able to understand people through body language, facial expressions, eye movements and certain sounds and supported people in a discreet, friendly and reassuring manner. There were positive and caring interactions between the staff and people. People were comfortable and at ease with the staff. When people could not communicate verbally, staff anticipated or interpreted what they wanted and responded quickly. Staff asked people if they were happy to do something before they took any action. They explained to people what they were going to do and waited for them to respond.

People were supported in maintaining a balanced and nutritious diet. People were given choices about the food they ate. Special diets were catered for by a chef who produced fortified foods with additional calories and meals for people who needed them. Staff worked together to ensure that everyone had sufficient high calorie intake as this was important for people's conditions. The amount of food and drinks some people had was monitored closely to make sure they were having sufficient calories and fluids to keep them as healthy as possible. Staff knew about people's likes, dislikes, allergies and how people's food should be prepared if they were not able to eat because of swallowing difficulties. People who had difficulty

swallowing were seen by the speech and language therapists to make sure they were given the correct type of food to reduce the risk of choking. Staff understood people's eating and drinking needs. Some people needed staff support to help them with their meals. The staff members kept checking that they liked the food and that they were enjoying it. Staff took their time and did not rush people when supporting them to eat. People's weight was checked at intervals to make sure that it remained stable.

People were supported to maintain good physical and mental health because the service worked closely with health and social care professionals. Staff followed plans devised by physiotherapists and speech and language therapists, which ensured that people remained fit and as well as they could be. People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. When people had problems eating and drinking they were referred to dieticians. If a person was unwell their doctor was contacted. People were supported to attend appointments with doctors, nurses and other specialists as they needed to see them. Visiting professionals went to the service on a regular basis and were available for staff if they had any concerns. The staff responded promptly when people needed to see a doctor or to attend any other health related appointments. The registered manager, deputy manager, provider and staff understood about people's health needs. There was contact with the National Huntington's Disease Association so that staff could be kept up to date on any new developments. There was also contact with Guy's Hospital genetic clinic and local support groups for family members.

Is the service caring?

Our findings

One person told us, "The staff are very respectful. They always knock on my bedroom door and wait until I say it's alright to come in. I have a key to my door that I can use if I want to lock it. I can help myself to drinks whenever I want them". Relatives said, "My relative is very comfortable here. They get excellent care. They have been in different places. I wouldn't have them anywhere else. The bedroom is beautiful and always clean and tidy". "It's not like a 'home', it's like home. I can come and go as I please. I can make a cup of tea whenever I want. The staff care for me too".

People said and indicated that they thought the staff were caring. People approached the staff in a relaxed and comfortable manner. People smiled and indicated that they liked the staff. They were able to let staff know if they were unhappy about something and staff immediately responded and took action to resolve the issue.

Staff had built up relationships with people and were familiar with their life stories, wishes and preferences. People had a key worker. A key worker is a member of staff allocated to take a lead in coordinating someone's care. They were a member of staff who the person got on well with and were able to build up a good relationship. Whenever possible people were supported and cared for by their key worker.

Staff stopped to chat with people as they carried out their duties and they attended to people's needs promptly. Every time they walked by people they spoke to them to see if they needed anything. Staff spoke with people quietly and sensitively. When staff spoke with people they bent down so they would be on the same level as them. There was a calm atmosphere in the service throughout the inspection. When people did become distressed or agitated, staff spent time with them to find out what was the matter. Staff listened to what people had to say and responded to them. Staff had the skills and experience to manage situations as they arose.

The interaction between people and staff was positive, caring and inclusive. Staff consistently took care to ask permission before intervening or assisting. They explained to people what they were going to do. There was a lot of engagement between people and staff. People, where possible, were able to express their needs and received the care and support that they wanted in the way they preferred. When people were unable to communicate fully using speech, staff were able to interpret what they needed from their body language and behaviours.

Staff explained how they gave people choices each day, such as what they wanted to wear or eat, where they wanted to spend their time and what they wanted to do. Some people got tired very quickly and staff made sure that they had a rest when they needed one. People were supported to understand what was being said and were involved in conversations between staff. Staff gave people the time to relay what they wanted. The staff had a very good knowledge of the people they were caring for.

Staff told us how they supported people to maintain their dignity, privacy and confidentiality. Staff knocked on people's bedroom doors and waited for signs that they were welcome before entering people's rooms.

They announced themselves when they walked in, and explained why they were there. People were clean and appropriately dressed. Their personal hygiene and oral care needs were being met. People's nails were trimmed and gentlemen were neatly shaved. Some of the ladies had their hair coloured as this was what they had always done. This helped to promote people's personal dignity.

People's ability to express their views and make decisions about their care varied. To make sure that all staff were aware of people's views, likes and dislikes and past history, this information was recorded in people's care plans. Some people communicated in different ways, other than using speech. Staff knew how people communicated and usually responded to people's requests, signs and gestures. There was opportunity to research and develop more inclusive ways to support communication. The way that people communicated was not recorded in their care plans to guide and inform staff, especially new staff. Staff had not explored ways of supporting communication, for example, using pictures or photographs. The provider agreed that this was an area for improvement. The provider agreed that there was room to improve how the environment supported communication, giving people more control. For example, people were not aware of who would be on duty that day, what the menu choices were or what activities were on offer because this information was not displayed in an accessible format in a place where everyone could see it.

Is the service responsive?

Our findings

One relative said, "The staff always keep me up to date with what is happening. They ring me and talk to me when I come to visit".

People had assessments before they came to stay at the service. People and their representatives were involved in planning their own care. Assessments reflected their previous lifestyles, backgrounds and family life. It also included their hobbies, and interests, as well as health concerns and medical needs. These helped staff to understand about people and the lives that they had before they came to live at Orchard House. The assessments also included some information about how people wanted to remain independent with specific tasks and the areas where they needed support. Staff asked people and their family members for details of their life so they could build up a 'picture' of the person.

Each person had a care plan. These were written to give staff the guidance and information they needed to look after the person in the way that suited them best. The information, guidance and detail in the plans varied. Some parts of the plans contained very clear directions and guidance for staff on how to care and support people safely and effectively. The care plans gave the information on how move people safely using special equipment like hoists. Care plans gave step by step guidance on how people were supported to eat. When people received their nutrition directly into their stomach by a special tube there was detailed guidance on how to do this and what signs staff should look for and the action to take if there were any problems. Other care plans did not contain the information needed to look after people's specific needs. In some care plans there was no specific guidance in place about how people liked and needed to be supported with their personal care. The care plans did not explain what people could do for themselves and when staff needed to assist. Other care plans stated 'Identify situations that trigger frustration' and 'Use strategies to calm person'. No triggers were identified and there was no guidance for staff on what strategies they should use to support the person if they did become frustrated. The staff explained different ways they personally dealt with situations but these ways were different.

When people required care and support to keep their skin healthy there was no individual guidance in place to instruct staff on what to do. Some care plans had been reviewed, but it was not always clear what information had been updated. Staff told us that they were kept up to date at the handovers and with daily notes. This information was not reflected in the care plan.

The care people received on a daily basis was recorded in the 'daily activities' part of the care plans. Some people were supposed to complete physical exercise on a daily basis but there was no evidence to show that this had been happening daily. For one person's daily activities their physical exercises for September 2015 was only recorded for one day. In October 2015 it was only given on five days. There were no records for November 2015. In December 2015 it was only recorded for four days. In January 2106 only recorded on 14th. Personal care records: only recorded 'help with shower, bath and shave' or 'hair-wash' on six days in January 2016. Other people's daily activities records were similar to this so it was unclear how much support people were receiving and whether it was effective.

When people had review meetings their goals and aspirations had been identified. One person had a meeting in August 2015 and there were some goals set such as obtaining a library card, going to the pub once a week and going to see a football match. There was no evidence to show that these goals had been supported and whether or not they had been successful. The staff on duty did not know if these events had taken place and what the outcome was.

Some plans were confusing and had not been adequately reviewed and updated to reflect people's changing needs. For example when people could no longer communicate verbally there limited guidance in place to show they did prefer to communicate.

There was a risk that people may receive inconsistent care and support as care plans did not give detailed guidance for staff, information was out of date and staff did use them as a working document and tool.

The provider was not ensuring that person centred care and treatment was meeting the needs of people and plans had not all been regularly reviewed or updated. This is in breach of Regulation 9(1) (a) (b) (c) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People were given some choices about how they spent their time. One person said, "I can eat my meals when I want. Sometimes I prefer to have it later and staff keep it warm for me". A relative said, "My relative likes to watch tennis, staff always make sure they watch it when it is on television. They have Sky T.V. so there are more opportunities to watch programmes that they enjoy".

Some people were able to go out independently and went out daily to meet up with friends. There were some activities organised within the service. One of the staff team had responsibilities for organising activities. Staff spent one to one time with people. Some people's condition required staff to spend a lot of one to one time with them, to support them to eat the amount of calories they needed in a day. We observed staff chatting and making eye contact with people during this time. People also went out to do activities that they enjoyed. Some people liked to go out for meals. Others had been to the 'Tate Modern' as they liked art. Some people had been on break to Blackpool which they had enjoyed. There were trips to places of interest within the local community. People were supported to attend church if they wanted to go. One person liked to go and eat fish and chips on the sea front as this is what they enjoyed before they came to live at Orchard House. Staff supported the person to do this when they wanted to.

Staff told us how they knew when people were unhappy or not themselves. There were some guidelines in the care plans to show how people would react by displaying certain behaviours when they needed reassurance or if something was wrong. Staff found out what the issues were and addressed them. Staff were responsive to people's changing needs throughout the inspection. When people asked for anything from staff they responded quickly. People did not have to wait.

People and their relatives were confident that the registered manager and staff would listen to them if they had any concerns and would take action to resolve the issues.

There was a written complaints procedure and a file with records of complaints, investigations and resolutions. All complaints were logged and investigated and responded to by the registered manager or the provider. The complaints procedure was not produced in an accessible or easy read format that may be more suitable for people's needs. This was an area for improvement.

Is the service well-led?

Our findings

The service had a registered manager who was supported by the provider, the care staff and an administrator. People, who were able to could approach the registered manager when they wanted to. The registered manager regularly checked with people and their relatives that they were alright and satisfied with the care and support they were receiving. People were asked on a day to day basis if they were happy with their care and support. People attended review meetings with their representatives to talk about the service and about how things were going. The registered manager and staff spoke to and communicated with people individually as this suited their needs rather than having whole group meetings.

Staff told us they were happy working at the service. They said the registered manager was available, accessible and they felt they could approach them if they had any concerns. Staff told us if they did have any concerns the registered manager acted quickly and effectively to deal with any issues. Staff said that they felt supported by the registered manager and said that the staff team worked well together. The registered manager demonstrated a good knowledge of people's needs.

Staff meetings were not held regularly. The most recent meeting had been in September 2015 prior to this a meeting was February 2015 and before that October 2013. Staff told us that they did not have regular staff meetings. They said they thought they were beneficial and supported staff to get together to raise issues and come up with new ideas and suggestions as a group. Staff said they could go to the registered manager at any time and raise any issues and suggest ideas to improve the service and the individual care that people received but would welcome more regular whole staff meetings. They said that the registered manager listened to them and acted on their suggestions. Senior meetings had been held more regularly between the deputy manager, registered manager, the finance director, the facilities manager, the administrator and the provider. Staff handovers between shifts highlighted any changes in people's health and care needs. Staff were clear about their roles and responsibilities. They were able to describe these well. The staffing structure ensured that staff knew who they were accountable to.

A survey was sent out to people, their representatives and staff on a yearly basis to ask about their views of the service. The results were collated and a report produced. This report had not been publicised to people so they were unaware of the results. The results of the staff survey showed that staff were 100% happy with management support and opportunities for training but there had been a dip in staff morale. The registered manager, provider and senior staff had been aware of this and had taken action to address the issues and staff morale had improved.

Staff supported some people to complete the written survey forms. There was a caveat with the results stating that staff had completed the surveys for some people so the results may not be totally reliable. The results were all positive. The staff did not use any communication systems currently. There was opportunity to develop some sort of communication system to gain people's views in a more meaningful way rather than using written surveys.

Records were not always completed properly or accurately. Some audits and checks of various records were

carried out the registered manager. These checks had not identified that some of the care plans were not up to date and that records had not been consistently completed. We asked about checks made of the medicines records. Senior staff said that they monitored the records each day but did not record any regular checks. The checks should be recorded so that any required action can be followed up so improvements are made.

The quality assurance audits were not effective to ensure that all shortfalls in the service were recorded and appropriate action was taken. The systems to identify and assess risks to the health and safety of welfare of people were not detailed to show what measures needed to be taken to mitigate risks. The provider had failed to ensure that records were accurate or fully completed. This is a breach of Regulation 17(2) (a) (b) (c) (d) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The facilities manager and maintenance person carried out checks of the environment including the water temperatures, the shaft lift and fire safety equipment. These checks were recorded with any action that was needed.

Accidents and incidents within the service were recorded by staff, and action was taken to ensure the wellbeing of each person. Each accident and incident was recorded; the registered manager had systems in place to audit incidents and accidents which enabled them to identify trends, patterns or concerns across the service to reduce the risk of further re-occurrence.

Our observations of people and discussions with staff at the service showed that there was an open and positive culture between people, staff and the registered manager and the provider. The service's visions and values were to give people the care and support that they while keeping them safe. The registered manager and staff were clear about the aims and visions of the service. People were at the heart of the service and everything revolved around their needs and what they wanted. When staff spoke about people, they were very clear about putting people first. The provider and managers knew people well, communicated with people in a way that they could understand and gave individual and compassionate care. The staff team followed their lead and interacted with people in the same caring manner.

The registered manager and the provider told us how they had learnt lessons from previous events and investigations and how they had changed and improved their practises to make sure people were safe and received the care and support that they needed. The registered manager,. tThe provider and staff were open and transparent. They accepted advice and made positive changes. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

Services that provide health and social care to people are required to inform the Care Quality. Commission, (the CQC), of important events that happen in the service. This is so we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. We had not received some notifications from the service. The registered manager was able to show us evidence that the notifications had been completed but had been sent to an out of date CQC email address. They took action to address this error and the notifications have now been received.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider was not ensuring that person centred care and treatment was meeting the needs of people and plans had not all been regularly reviewed or updated.</p> <p>This is in breach of Regulation 9(1) (a) (b) (c), 9(3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way for people because the provider did not have sufficient guidance for staff to follow to show how risks to people were mitigated.</p> <p>This is a breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The quality assurance audits were not effective to ensure that all shortfalls in the service were recorded and appropriate action was taken. The systems to identify and assess risks to the health and safety of welfare of people were not detailed to show what measures needed to be</p>

taken to mitigate risks.

The provider had failed to ensure that records were accurate or fully completed.

This is a breach of Regulation 17(2) (a) (b) (c) (d) (e) of the Health and Social Care Act 2008 (Regulated

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not ensured that all the information was available as required by Schedule three of the Regulations before new members of staff started work.</p> <p>This is a breach of Regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person had not ensured that all staff were suitably qualified, competent skilled and experienced to work with people.</p> <p>The staff had not received the supervision they needed to fully support them to carry out the duties there were employed to perform.</p> <p>This is a breach of regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>