HF Trust Limited

HF Trust - Orchard View

Inspection report

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Date of inspection visit:
16 March 2016

Date of publication:
13 April 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Orchard View on 16 March 2016. Our inspection visit was unannounced.

The service provides accommodation and personal care for up to six people with learning disabilities or autistic spectrum disorder. There were six ladies living there at the time of our visit.

A requirement of the service's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. There was a registered manager in post at the time of our inspection.

There was a homely, friendly and open culture within the home and people and staff appeared to be happy. Interactions between staff and the people who lived there were warm and friendly. Staff demonstrated a good understanding of the importance of supporting people as individuals, protecting their dignity and spending time with them. People were supported to maintain relationships with those who were important to them.

There were enough staff to provide the support and stimulation people required to promote their wellbeing and to keep them safe. Risk management plans ensured people were safe both in the home and when in the community. Staff had a good understanding of their responsibilities in relation to safeguarding in order to protect people from the risk of abuse. The provider checked that staff were suitable to support people before they began working in the service.

Staff received training and support so they could carry out their roles effectively and safely. Staff had an understanding of the Mental Capacity Act 2005 and were watchful of people's body language, gestures and facial expressions to ensure they were respecting their choices. The registered manager had considered where people's liberty may need to be restricted to keep them safe and made appropriate applications to the authorising body.

Care plans gave staff information about people so they could ensure they were at the centre of the care and support they received. People had regular access to health care appointments and were referred to health professionals when sudden or unexpected changes in their health occurred. People were supported with their nutritional needs and staff were aware of any risks to people when eating or drinking. People received their medicines as prescribed.

The registered manager was aware of their responsibilities as a registered manager and was aware of the achievements and the challenges which faced the service. Staff found the registered manager approachable and receptive to new ideas. Regular checks were carried out by the registered manager to monitor the quality and safety of the service.

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.

People were protected from the risk of harm or abuse because staff understood their responsibilities to report any concerns to keep people safe. Risks to people had been considered and people were supported by sufficient numbers of staff to meet their care and support needs. People received their medicines as prescribed to manage their health conditions.

Is the service effective?

Good

The service was effective.

Staff were trained so they could deliver care that effectively met people's needs. Staff received supervisions and had observations that supported their practice within the home. The service acted in line with legislation in assessing people's capacity to make decisions about their care and support. People were supported to maintain good health and a balanced diet that took into account any risks around their eating and drinking.

Is the service caring?

Good

The service was caring.

People responded well to the caring approach of staff. Staff understood the importance of supporting people as individuals, protecting their dignity and spending time with them. People were encouraged to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

Care plans provided staff with the information they needed to respond to people's needs in a personalised way. Staff supported people to engage in social activities and daily events which they knew people would enjoy and benefit from. Staff listened to people and supported them to voice any concerns.

Is the service well-led?

Good

The service was well-led.

There was a friendly and open culture in the home. Staff understood their roles and responsibilities and felt supported by the registered manager. There were systems for staff and people to share their views of the service provided. Regular checks monitored the safety and quality of service provision within the home.

HF Trust - Orchard View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 March 2016. The inspection visit was unannounced. The inspection was undertaken by one inspector.

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 were able to review the information in the PIR during our inspection. We looked at information received from statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law.

Not everyone who lived at the home could tell us about their care and support due to their complex healthcare needs. We spent time in the communal areas observing how people were cared for and supported and how staff interacted with people. This helped us understand the care people received and assess whether people's needs were appropriately met.

We spoke with the registered manager, the senior care worker and four other members of care staff. We spoke with one person who lived in the home and three relatives by telephone. We reviewed two people's care records to see how their support was planned and delivered. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits.

Good

Is the service safe?

Our findings

The atmosphere at Orchard View was relaxed and interactions between staff and the people who lived there were warm and friendly. Relatives told us they were confident their family members were well looked after and safe. One relative told us, "[Person] can't go out on their own, there is always somebody with her when she goes out. It is quite a relief to know she is in a place where she is safe, cared for and looked after and I haven't got to worry about her." Another relative said, "[Person] is safe because she has continuity of staff. She is well looked after and always happy." One person told us they felt safe in the home, but said they would speak to members of the management team if they felt concerned about anything.

Relatives felt there were enough staff on duty to meet people's needs and provide the supervision they required to keep them safe. One relative told us, "The staff to resident ratio seems to be about right." Another said, "Whenever I have been over, there have been enough staff on."

Staff told us there were enough staff to provide the support and stimulation people required to promote their wellbeing and to keep them safe. One staff member explained, "A lot of them (people) have one to one most of the time. I have never been on a shift when we are short staffed and it is that which makes the difference because you have got the time to spend with people. Because of the high ratio of staff, it gives people more opportunities to go out." During our visit we observed that staff were not rushed and had time to talk with people as they completed their tasks around the home. Staff were able to spend time supporting people with different interests and care needs.

The provider checked that staff were suitable to support people before they began working in the home. This minimised risks of potential abuse to people. For example, two new members of staff told us they had to wait until recruitment procedures had been completed before they were able to start work. This included checks made with the Disclosure and Barring Service (DBS) and obtaining references. The DBS is a national agency that holds information about criminal records.

Staff told us they had been trained to recognise signs of potential abuse and how to keep people safe. Staff were able to talk confidently about the various forms of abuse and understood their responsibility to report any concerns. They also understood how to look out for signs that might be cause for concern. One staff member told us, "I would be aware of any marks on them and any changes in behaviours such as them becoming withdrawn or unhappy. It is just observing them all the time, getting to know them and what is the norm for them." Staff told us they would not hesitate to take action if they felt someone was at risk of harm. One staff member said, "Abuse is when someone is treated in an unacceptable way. It could be many ways such as physical, financial or neglect. I would report it to my senior or manager and write down my concerns." Another said, "I would go through the channels and report it to the manager and the higher authorities. I wouldn't hesitate to report it, whether it was physical or verbal, anything I thought wasn't appropriate." The registered manager understood their responsibilities to manage any safeguarding concerns raised by staff. However, staff told us they would escalate any concerns if they felt they had not been managed in accordance with the safeguarding procedures. One staff member told us, "I would look in our policies and see what our procedures are and report it to the safeguarding team and yourselves."

Staff told us they would feel confident to respond if they witnessed poor practice by other staff members. One staff member said, "I would say to them, and I wouldn't be afraid to say, because it is their safety and our duty of care to the people we support." Another said, "I would report it to [senior care worker]. I would say they are not doing it right and need more training."

There was a procedure for staff to follow to identify and manage risks associated with people's care. Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk. Where a risk to someone's health or well-being was identified, care plans described the actions staff needed to take so that people's care was safe and staff were consistent in their approach. Risk management plans ensured people were safe both in the home and when in the community.

Accidents and incidents were recorded, together with any action taken to reduce the likelihood of them re-occurring. These were monitored by the provider to identify any trends or patterns so action could be taken to minimise emerging risks.

Three people who lived at Orchard View required the use of a wheelchair when mobilising around the home. We saw that all corridors, communal rooms, the two bathrooms, shower room and all the bedrooms were spacious enough for people to safely access and move around them in wheelchairs. The provider had considered the varying needs of people and installed suitable equipment that supported staff in meeting the needs of people with limited mobility safely. For example, there
were ceiling hoists in bedrooms and the bathroom. Some people also had beds where the height of the bed could be altered. This allowed care staff to select the most appropriate height when transferring or assisting people. One person sometimes had seizures at night and had a sensor mat under their mattress to alert staff should that happen. The senior care worker explained, "If [person] has a seizure, it alerts the night staff who carry pagers around with them." Each bedroom and bathroom also had emergency aid call buttons for staff to summon assistance from other staff in the event of an emergency.

Medicines were stored appropriately to keep them safe and maintain their effectiveness. Each person had their own section in the medicine administration folder with a photograph on the front of their records to reduce the chances of medicines being given to the wrong person. There was a list of each person's medication with any potential side effects. There was also information about how each person preferred to take their medicine. Administration records showed people received their medicines as prescribed. Staff completed training before they were able to administer medicines and had regular checks to make sure they remained competent to do so.

Some people required medicines to be administered on an "as required" basis. There were not always protocols for the administration of these medicines. The registered manager assured us these would be put in place as a matter of urgency to ensure these medicines were only used when necessary and given consistently by staff.

Plans and guidance had been put in place to help staff deal with unforeseen events and emergencies which included relevant training, for example in fire safety. Personal evacuation plans, tailored to people's individual health needs, had been drawn up for each person who lived at the home. This meant staff were aware of the level of support people required should the building need to be evacuated in an emergency.

Good

Is the service effective?

Our findings

People were supported by staff who had undertaken relevant training. Relatives were happy the staff who supported their family members were competent. One relative said, "I think they do a very good job of looking after the people there." When we asked another relative if they felt staff had the appropriate skills and knowledge, they responded, "I think so because they do go for training and it is regularly updated to make sure they are aware of new ideas. They seem pretty capable as far as I can see."

We asked one person what they felt was important to them when being provided with care and support by a member of care staff. They responded, "Someone who can understand what I am saying and someone who doesn't speak fast." They told us staff were good at understanding what they wanted, and generally they had a good understanding of staff when they were speaking with them. They told us they asked staff to repeat what they were saying if they had any difficulties. Our observations showed that staff and people communicated well and the communication used was effective. Staff demonstrated a good understanding of people's differing abilities and levels of understanding and adapted their approach accordingly.

New staff completed an induction when they first started working at the home. This included face to face and online training, working alongside experienced staff who knew people well and being observed in practice before they worked independently. The induction training was linked to the 'Care Certificate.' The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. A new member of staff explained, "Even though I have a NVQ 3 (in health and social care) I still had to do the Care Certificate. It is part of the induction for HF Trust. I've enjoyed doing it." They also told us they were given time to read the provider's policies and procedures and to learn from people about how they wanted to be supported. They felt the induction was a really useful learning experience and went on to explain, "Most of my learning was here, hands on, what the staff and the service users were showing me. A lot of staff have been here over 10 years which shows a high standard of care and they are willing to share their knowledge with new starters."

Training was planned to support staff development and to meet people's care and support needs. Training records showed that all staff were up to date with training which included: fire safety, safeguarding, manual handling and first aid. Staff were positive about training, they told us it was readily available and they felt supported by their manager to access training. One staff member told us, "We have a good variety of training, some is mandatory and some we choose to do." The registered manager told us they used a local college to increase training opportunities. They explained, "We have a really good relationship with [local] college and staff have done distance learning in mental health, dementia, end of life, palliative care and nutrition. The time for completing the courses is funded by HF Trust." We asked staff what they felt the training they received brought to their everyday practice. One staff member responded, "It is good to refresh your knowledge. Even though we are doing things all the time, it is good to remind yourself of why you do it that way. It also makes sure we are all working in the same way." Another said, "I think it keeps you thinking about what you are doing and how you do it, and it makes sure we are all up to date." Observations showed staff had a sound awareness of how to support people who had a learning disability in an appropriate and

effective way.

All staff we spoke with told us they felt supported on a day to day basis. Staff told us they had regular one to one meetings and appraisals with the management team that enabled them to discuss any concerns they had, reflect on practice and plan their training and development. Staff told us they could approach and speak to the management team about any concerns they had at any time. One staff member explained, "We have regular supervisions. It is an opportunity to talk about any issues and our roles. We are a good, close team so we tend to talk to them [management team] as we go along anyway." The senior care worker confirmed, "I work with the staff very closely and staff do come to me if they have got a problem."

Observations of trained staff supplemented the formal supervision process. All staff had done training in Person Centred Active Support (PCAS). This training supported staff in understanding how to put people at the centre of everything they did so their needs were effectively met. Periodic observations of staff ensured they continued to follow the PCAS model so they were effective in their role.

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 interest 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.

Care staff we spoke with had an understanding of the requirements of the MCA. Although many people living in the home had very limited capacity, staff told us they continued to support them to make as many of their own decisions as possible. Where people were unable to communicate a preference, staff did what they thought was best for them based on their knowledge of people's likes and dislikes. Staff told us they were watchful of people's body language, gestures and facial expressions to ensure they were respecting their choices. One staff member explained, "We know them and what they like and don't like. We work off our knowledge of them and go by their facial expressions and gestures." One relative told us, "I think they are good at offering choices. They take [person] in the morning and show her some clothes so she can pick out what she wants to put on. When they take her shopping they get her to pick out what she wants."

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act if a person was not able to make a decision. For complex decisions that involved a lot of information to consider, the registered manager told us they would arrange a best interest meeting which would involve the relevant healthcare professionals and those closest to the person. The senior member of staff told us they had recently held a best interests meeting to decide whether a person should undergo a medical procedure. They explained how they planned the decision making process, assessed the risks for the person and involved appropriate people such as the GP, dietician and speech and language therapist. The meeting had also involved the person's family and staff from the home who knew the person well. A relative confirmed that staff were good at notifying them of any complex decisions and said, "It has always got to be what is best for [person]."

Staff sought people's consent before offering support. They told us they would respect people's right to refuse support, withdraw and return later or ask another staff member to offer assistance. One staff member told us, "If they didn't want support it may be because they did not want it at that time so I would go back

and try again later." Another said, "We would leave them and then ask another member of staff to go and offer. We don't push them."

The registered manager understood their responsibilities under the DoLS to ensure that people were not deprived of their liberty illegally. They had identified when people's freedom was being restricted in a way that was necessary to keep them safe. For example, people were not able to leave the home on their own due to risks to their safety and well-being. DoLS applications had been submitted and whilst one had been formally authorised by the relevant local authority, the results of the other applications were being awaited at the time of our inspection visit.

People were supported with their nutritional needs. Some people had very complex needs around eating and drinking. Staff we spoke with knew each person's dietary needs and their nutritional risks. Some people had problems swallowing or chewing food. They had been referred to the speech and language team (SALT) and dieticians for support. One staff member explained there were guidelines in place for staff to follow when preparing these people's meals and drinks and assisting them to eat. We saw the guidelines were readily available in the kitchen for all staff to refer to. During the evening meal we saw people were given meals and drinks that had been prepared in accordance with their guidelines. Some people used specially adapted equipment so they could continue to eat independently. Where people needed support to eat, staff followed the person's guidelines to ensure they were assisted safely.

The Provider Information Return (PIR) told us, "Menus are discussed and planned taking into account individual preferences. Alternatives are available for those who want different meals." We asked how people who could not communicate verbally were involved in menu choices. We were shown pictures that people could use to assist them in making their choices. Staff made menu choices on behalf of some people based on their knowledge of what people had enjoyed in the past. We asked one person what their favourite meal was and they responded, "I have just had it, curry and rice." Another person told us their evening meal was "very nice".

People's health needs were met. People had regular access to health care appointments and records showed that referrals had been made to health professionals when sudden or unexpected changes in their health occurred. Care plans contained detailed information about people's medical and health needs. Relatives told us staff kept them informed if their family member was unwell. One relative said, "If [person] has a problem it is dealt with swiftly and we are always told what is happening. Her medical care is pretty good." Another said, "If there are any problems with any of them, they call the doctor and he comes out and they always phone me up."

Good

Is the service caring?

Our findings

There was a relaxed, homely and welcoming atmosphere in the home which was appreciated by the relatives we spoke with. One relative told us, "[Person] is cared for in a family environment rather than a care home. She is part of their family and they are part of hers. It looks like a family home rather than a care home and everyone gets together in the kitchen area like any other home."

We found staff had a caring approach, took time to sit and listen to what people were saying and spoke affectionately to them. Staff appeared to know people very well and what was important to them. Staff enjoyed providing support and care to people in a relaxed and comfortable way. People responded well to the staff's approach and appeared to be happy. People did not hesitate to engage with staff, which showed they were confident staff would respond in a positive way. One relative told us, "It is a friendly place and everybody is approachable and they do genuinely care about the ladies who live there." Another relative said, "[Person] isn't just a number or somebody they have to do for, but they do care for her. I am quite convinced about that."

We asked staff if they thought the service provided at Orchard View was caring. They all told us they did with one staff member saying, "Staff really do care. There is a passion there. There are a lot of staff who have been here a long time and know the people inside out and the care is really personalised." We asked one member of staff what they considered made a good care worker. They responded, "Someone who treats the ladies with respect, who works with what the ladies want and need rather than what they want themselves. Giving them dignity with personal care, giving them choice, making sure they are happy and have a good variety of things to do. They have to be compassionate and caring too. It is the whole package really." They confirmed it was a caring staff team and explained, "We just want the best for the ladies. We want to make sure they are kept healthy and comfortable and have a nice environment to live in."

The service user guide described HF Trust's vision as, "A world where people with learning disabilities live the lives they want with the best possible support." In order to achieve that vision staff followed the 'Person Centred Active Support' approach which meant that people were supported to develop and maintain independent skills around the service. People's care plans documented their individual needs, abilities, and preferences and staff supported people according to these. Staff encouraged people to carry out as much of their own personal care as they could and where possible to be involved in domestic tasks around the home. For example, one person helped the others in the home by carrying their laundry to their bedrooms. The PIR told us, "Individuals have goals they have chosen that they would like to achieve……..Individuals have person centred files where they can record their achievements with photos." A relative told us, "That is one of the aims of HF Trust, they want to get each resident to realise their potential as far as possible and encourage them to do that. They have gradually encouraged [person] to do as much as she can for herself."

People were treated with respect and their privacy and dignity was maintained. Staff had received training in 'dignity in care' and demonstrated a good understanding of the importance of supporting people as individuals, protecting their dignity and spending time with them. The registered manager explained, "I think the staff took a lot from the course. It put it more into context about how people are individuals with

individual needs and who require one to one time with staff." One staff member told us, "It is the way you talk and interact with people. They all have their own personalities so you approach them all in a different way. You explain what you are doing and talk to them."

Although people living in the home had limited verbal communication, they were involved in decisions about how they spent their time. For example, one person preferred to sit quietly away from other people and staff respected that person's choice. Another person told us they chose what time they went to bed, depending on when they were tired.

People were given ownership of their bedrooms and this provided them with their own private space. People had been supported to choose how their rooms were decorated and furnished. Each bedroom was very different and reflected the person's individual needs and preferences. One person had their own easy to use mobile phone and press button entry to their bedroom and the front door of the home which promoted their independence and privacy.

People were supported to maintain relationships with those who were important to them. Relatives were welcomed into the home and staff took people to visit family or friends who were unable to visit. One person had been supported by a staff member to meet a relative to go shopping together the weekend before our visit. A relative told is, "They have always said, if you have any problems at all we will bring [person] over to you. They popped her over on Mother's Day with a bunch of flowers." Another relative told us, "I'm kept in the loop about everything. I feel [person] is well respected and cared for."

Good

Is the service responsive?

Our findings

Relatives were confident that staff knew the people they supported and cared for them well and were responsive to any changes in their health or wellbeing. Relatives told us staff involved them in making decisions about people's care and respected their views. One relative told us, "If you have something to contribute, they will always listen to you. We have reviews where we all sit round and voice our opinions. We can talk about it and discuss what is best for [person]."

Care plans were stored electronically on the provider's support planning, assessment and recording system (SPARS). Care plans were personalised and included information on people's choices and preferences and made clear what people's skills and abilities were as well as the things they needed help with. This information meant staff had the necessary knowledge to ensure people were at the centre of the care and support they received. One member of staff told us, "It is really nice individualised care because they all have their individual needs."

Staff recorded information about how they had supported people on a daily basis and this was kept on SPARS. When staff logged on to the system they were alerted to any new information which had been entered since their last log in. The system also alerted staff of any upcoming appointments or significant dates such as birthdays. Staff coming on shift also had a 'verbal' handover where information was shared about people such as any changes to people's care and support. One staff member explained, "We keep records on SPARS so we can look on SPARS and when the next staff come in, if there is something they need to know we tell them, such as if someone has had a seizure and needs an eye kept on them. Any changes with people, we let them know."

Staff supported people to engage in social activities and daily events which they knew people would enjoy and benefit from. The relative of one person who had complex needs told us, "[Person] is kept involved just by being there sometimes. If she can't do the activity herself, it is just the inclusion."

When we arrived for our visit, three people were at a resource centre the provider ran locally. The centre gave people the opportunity to be involved in a range of activities such as working on the computer, handicrafts, music sessions and sensory activities. During our visit two other people went out with staff members for a coffee and cake. Photographs showed that other outings people enjoyed included hydrotherapy, trips to the cinema, meals out and a local disco. One person told us about a holiday they were going on later in the year. They told us they had researched the holiday on the internet before making the decision to go there.

There were also opportunities for people to engage in pastimes and interests in the home. Some people enjoyed regular visits from an aromatherapist while others engaged with an art therapist who visited the home. One person described art therapy as "relaxing" and pointed out some of their craft work which was displayed in the communal areas.

Due to their needs, some people benefited from activities which stimulated their senses. In bedrooms and

the lounge area there were different coloured lights to stimulate visual senses. One person liked to explore the home and there were objects such as beaded curtains over mirrors and musical chimes to engage and stimulate their senses as they moved around. Staff had brightly decorated a sheltered courtyard which provided a visually interesting area for people to relax in during the warmer weather.

The complaints procedure was available in a format people could understand. However, some people at the home were unlikely to make a complaint due to their communication needs and level of understanding. Staff were aware of the signs to look for if people were unhappy about something and told us they would address this. One staff member told us, "I would discuss it with [senior care worker] or [registered manager] or whoever I was on shift with and we would make a note of it. If they were unhappy with something we would make sure it was changed." Relatives told us they would feel confident to make a complaint. One relative told us they had been given a copy of the complaints procedure and would raise their concerns with the registered manager. Another relative said, "There have been a couple of issues in the past, but I was able to speak to someone and I wasn't made to feel bad about raising it and it was taken on board. If I did have any concerns, I would raise them with [senior care worker], but there is nothing to complain about."

The service had received one complaint in the 12 months prior to our visit. People had been unhappy about delays in fitting a new bath in one of the bathrooms. Staff had listened to people and supported them to lodge a formal complaint through the provider's complaints procedure. Although the matter had been addressed, we found the response to the complaint had not been within identified timescales. The provider had apologised for the delay and assured people that further improvement work would be better managed in the future.

Good

Is the service well-led?

Our findings

There was a homely, friendly and open culture within the home and people and staff appeared to be very happy. One staff member told us, "I look around and think I can't believe how fortunate I am to be working here." A new member of staff told us, "It is a very nice home and people seem to be very happy here, and the staff as well. They all made me very welcome when I started." Relatives also spoke positively about the friendly atmosphere within the home. Comments included: "I am 100% happy, I can't fault it" and "It is lovely. It is a delightful building and it is always spic and span. [Person] is happy there."

There was a stable management team with the registered manager supported by a senior care worker. The registered manager had worked for the provider for 17 years and been the manager at the home for nearly two years. We asked relatives if they thought the home was well managed. One relative responded, "Yes, because my primary concern is [person's] wellbeing and as far as I can see that is being met. As far as the running of Orchard View is concerned, I can't fault it." Another told us, "I think it is well managed and they give a good service."

The registered manager told us they had a loyal and reliable team of staff that helped ensure the home provided a high standard of care. Many of the staff had been employed at the home for a number of years which provided stability and consistency for people who lived at Orchard View. The registered manager explained, "The job the staff do here is brilliant. To them the people we support are the most important thing about coming into work."

Staff understood their roles and responsibilities and felt supported by the registered manager who was approachable and receptive to new ideas. One staff member told us, "She [registered manager] is lovely, really nice and easy to approach." Another member of staff told us, "[Registered manager] is very helpful, very friendly and so approachable which makes your job easier. She gives praise and is very receptive to new ideas. If I have a new idea, it is not crushed down, it is listened to." The registered manager told us, "Staff here have a real knowledge. We have three new staff who have picked up on that knowledge and have now brought in their own new ideas." Staff told us the staff team was supportive which helped them in their roles. One staff member explained, "We have a good staff team who support each other and a good management team. We all talk to each other and we all get on."

Staff had regular meetings where they were encouraged to be involved in making improvements to the service. One staff member told us, "We all gather in the kitchen. We discuss different issues such as health and safety and any new things that have come in such as new policies. We also talk about the ladies we support and any changes in their needs." We looked at the minutes of recent staff meetings. We saw that meetings were used as an opportunity to share learning to ensure the quality of service was maintained. For example, a recent check had identified some errors in the recording of medicines. During the meeting staff had been reminded of the correct procedures to follow to ensure medicines continued to be managed safely in the home.

There were informal systems in place, so people who lived in the home could share their views about how

the home was run. For example, people took part in regular meetings where they were able to discuss what activities they would like to participate in. One person told us they sometimes took the minutes for those meetings. People were also involved in the interview process and asked for their views of potential new staff in the home.

The provider had a 'Voices To Be Heard' group for people who used their services to make suggestions or raise any issues about the service provided. One person told us they were attending a meeting of the group the day after our visit. They were going to feedback any issues discussed by the group to staff at the next staff meeting.

The registered manager was aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the home. They had completed the provider information return (PIR) which is required by law. We found the information reflected the service well. The registered manager understood their responsibilities and was aware of the achievements and the challenges which faced the service. One area where the registered manager acknowledged improvements needed to be made was the management of information in the home. They explained, "Information was just in so many places so we are trying to pull it together." The provider had appointed a part time administrator to support the registered manager with administrative tasks.

Regular checks were carried out by the registered manager to monitor the quality and safety of the service. A monthly audit monitored various aspects of service delivery including medication, staffing, training, maintenance issues and completion of records that related to people. The audit was set against the five key questions: Is the service safe, effective, caring, responsive and well-led? A copy of the audit was sent to the provider so they could maintain oversight on the standards of care and identify any areas where improvements were required.