Caretech Community Services (No.2) Limited

Orchard House

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

We carried out this unannounced inspection on 5 November 2015. Orchard House is a service for up to 10 people with learning disabilities or autistic spectrum disorder that may also have a physical disability. The service is divided into two units. At the time of inspection both units were full. People had their own bedrooms. The service was fully accessible for those people who used wheelchairs and a passenger lift was in place to access the first floor. This service was last inspected on 19 November 2013 when we found the provider was meeting all the requirements of the legislation.

There was a registered manager in post. 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.

Several people were able to tell us about coming to live at Orchard house, and confirm that they felt safe and happy there. Other people had limited communication and so we used a number of different methods to help us

Summary of findings

understand their experiences. We observed that people were happy, comfortable and relaxed in the presence of staff, who interacted well and showed they understood people's individual communication styles and needs.

Internal audit processes were not implemented effectively to assure the registered manager that all aspects of delivery of care were being carried out. People were not consistently asked for their views and the frequency of house meetings and individual meetings with keyworkers needed to be improved.

Recruitment procedures for new staff ensured people were protected from the appointment of staff who were unsuitable.Relatives told us that they were happy with the care their family members received, they felt informed and involved and found the registered manager and the care staff supportive and approachable. Staff monitored people's health and wellbeing and supported them to access routine and specialist health care input when this was needed.

People were given support to participate in activities in the community that they were interested in or to pursue personal interests and hobbies both in-house and when out. Risk assessments were completed for each person regarding their interactions with their environment and the activities they participated in. This helped staff to understand how to protect people from harm. These assessments were kept updated. Accidents and incidents were monitored by the provider to see where improvements could be made to prevent future occurrence. Individualised guidance was available to staff to help them understand people's behaviour and specific health conditions; this helped them respond appropriately to people with these needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider understood when an application should be made for a DoLS authorisation and two referrals were currently waiting processing by the DoLS team. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

Staff had been trained in how to protect people, and they knew the action to take in the event of any suspicion of abuse towards people. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the registered manager or outside agencies if this was needed.

People were safe and protected from harm because there were enough staff available to support them in the service and when out in the community. Staff were trained to meet people's needs and they discussed their performance during one to one meetings with their registered manager.

People lived in a well maintained environment that was decorated and furnished to a good standard. The service was visibly clean and tidy. People were enabled with staff support to personalise their own personal space. Equipment checks and servicing were regularly carried out to ensure the premises and equipment used was safe. Fire detection and alarm systems were maintained; staff knew how to protect people in the event of a fire as they had undertaken fire training and took part in practice drills. Guidance was available to staff in the event of emergency events so they knew who to contact and what action to take to protect people.

People ate a varied diet and were consulted about the development of menus which took account of their personal preferences. Medicines were managed safely by trained staff. Relatives were routinely asked to comment about the service and action was taken to address any areas for improvement.

We have made two recommendations:

The provider should consult with the Fire Service as to whether evacuation plans for people on the first floor meet the requirements of the current fire legislation contained within the Regulatory Reform (Fire Safety) Order 2005.

We recommend that the registered manager review and implement fully the company policy with staff with regard to the frequencies of individual key worker and "Our meetings" for people in the service.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

Good

Emergency plans were in place to keep people safe but some needed review with the fire service.

Safe recruitment procedures were in place for new staff. There were enough staff to support people safely. Medicines were managed well. The premises and equipment were well maintained. Staff understood abuse people could be subject to and how to respond and report on this.

Assessment of risks to individuals was undertaken to reduce the risk of possible harm. There was a low level of accidents and incidents and these were monitored to identify emerging issues

Is the service effective?
The service was effective

Good

Staff received training to give them the right knowledge and skills to understand people's needs and support them safely.

Staff felt supported and had regular planned discussions with their manager or team leader. People ate a varied diet that took account of their preferences.

Peoples health needs were monitored and they were supported to access healthcare appointments. People were supported in accordance with the Mental Capacity Act 2005 (MCA). Guidance was available to inform staff about how they should support people whose behaviour was challenging.

Is the service caring?
The service was caring

Good

People liked where they lived and some had made friendships. People's privacy was respected. Staff used the right language towards people and showed patience, kindness, and respect in their interactions with people.

Staff promoted people's independence and ability to do more for themselves.

Staff supported people to maintain links with their relatives and representatives. Relatives and other professionals felt they were kept informed.

Is the service responsive?
The service was not always responsive

Requires improvement

Summary of findings

People were given opportunities to discuss their care and support needs individually and with their peers; the frequency of these meetings needed to be improved. People were funded for one to one time with staff but how this was used was not well recorded.

People referred to the service had their needs assessed to ensure these could be met. Care plans were individualised and took account of people's capacity, needs, support preferences and things that were important to them.

People were provided with a weekly programme of activities tailored to their interests and preferences and they could choose to do other things if they wished. Relatives and people told us they felt comfortable raising issues with staff and were confident these would be addressed.

Is the service well-led?

Requires improvement

The service was not consistently well led

Internal audit processes were not always completed to assure the registered manager all aspects of care and support were being delivered. Relatives were asked to comment about the service but there was no evidence of how their views and comments were used to improve the service.

Policies and procedures were kept updated to inform staff. Staff said they felt listened to and supported.

Relatives, staff and external professionals commented positively about the service. They felt communication was good and staff and relatives found the registered manager approachable.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 5 November 2015 and was unannounced. The inspection team consisted of 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 also looked at all the other information we held about the service, including previous inspection reports, complaints and notifications. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We met seven people who lived in the service. Two people were able to comment about their experiences of care but other people had limited or complex communication styles and we were therefore unable to speak with them directly about their views of the service. We used a number of different methods to help us understand their experiences including the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at three plans of care including health plans, risk assessments and medicine records relating to these people. We also looked at operational records for the service including: staff recruitment, training and supervision records, staff rotas, accident and incident reports, menu information, servicing and maintenance records and quality assurance surveys and audits.

We received feedback from three relatives. We also spoke with five care staff during the inspection, an agency staff member and the registered manager. Prior to and following the inspection we received feedback from two social care and one health professional. Their feedback was positive and raised no issues of concern.

Good

Is the service safe?

Our findings

Relatives told us that they were very happy with the care their family members received. Comments included: "I have nothing but praise for Orchard house and feel so grateful that my relative is in their safe and caring hands". Another said "He is happy living at Orchard house. He is always relaxed when we visit, and we nearly always visit unannounced so there is little chance of anything being arranged prior to our arriving". Two people told us that having moved to the service from other placements they felt safe living there. One person said that for them the transition to this service had been helped by them knowing the registered manager previously, and this had enabled them to settle in quicker.

The provider operated safe recruitment procedures. Staff recruitment was managed by a central Human resources department that ensured all appropriate checks of suitability were undertaken including, health and criminal records checks, proof of identity and conduct in previous employment. These processes help employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

An emergency plan was in place in the event of fire. Day and night time evacuation plans had also been developed to take account of differences in staffing. Staff showed they knew how to respond in the event of an emergency, and were provided with information about whom or what agencies they should contact and where people should be taken. Personal evacuation plans took account of people's individual needs in an emergency to ensure a safe evacuation. Appropriate equipment was made available to help evacuate some people quicker; staff were trained to use this and evacuation plans were reviewed on a monthly basis. The plans for people on the first floor informed staff that where people refused to leave their bedrooms, they could be left in their bedrooms for a half hour because bedrooms were fitted with fire doors. We have recommended that these plans be reviewed with the fire service, to ensure these are in keeping with the expectations of responsible persons under the Regulatory Reform (Fire Safety) Order 2005.

The premises, décor and furnishings were clean and maintained to a good standard. The registered manager and staff said that repairs were carried out in a timely way and a programme of regular maintenance was in place. There was a secure accessible garden that people could use in good weather. Staff were responsible for keeping the premises clean and tidy and told us that people were encouraged to undertake some household tasks or to help to the best of their ability. People confirmed that they helped keep their bedrooms tidy, helped with their laundry and with some meal preparation.

Equipment checks and servicing were regularly carried out to ensure this was safe and in good working order. Where issues were highlighted the registered manager had taken action to address any shortfalls. Risk assessments for the building environment had been developed and looked at potential health and safety issues in the environment. This included risks from some of the activities people participated in such as cooking. Internal checks and tests of fire safety systems and equipment were made regularly and recorded. Fire alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills.

Staff received regular safeguarding training so their knowledge of how to keep people safe was up to date. Staff showed that they were able to recognise and respond to abuse; they were confident of raising concerns either through the whistleblowing process, or by escalating concerns to the registered manager and provider or to outside agencies where necessary.

Only team leaders were trained to administer medicines. They were trained in all aspects of medicine management to ensure that they knew the procedures for ordering, receiving and booking in medicines. We observed a team leader administering medicines and spoke to them about ordering, receipt and disposal of medicines, how errors were managed and medicines audit checks. They were confident in their actions and responses.

People were unable to administer their own medicines and this was recorded in their care records. People's medicines were individually stored in lockable metal wall cabinets within their bedrooms. Medicine keys were kept securely and only administering staff had access to medicine cabinets. Medicine administration in people's bedrooms afforded them privacy and maintained their dignity. Medicines were stored appropriately and temperatures checked to ensure these did not exceed recommended levels. Medicine Administration Records (MAR) charts were

Good

Is the service safe?

completed appropriately. These were kept in people's bedrooms and contained a photograph of the person to ensure the right medicine was administered to the right person. A returns book was used to return unwanted medicines to the pharmacy.

Risk assessments were completed for each person; these were individualised and took account of each person's specific needs and their personal awareness and understanding of danger and risk. Measures were implemented to reduce the level of risk people might experience or pose within and outside the service so that they were protected from harm. Risk assessments were kept updated and reviewed on a regular basis. These could be reviewed more often, if there were changes or safety concerns that impacted on the safety measures already in place. There were a low level of accidents and incidents. These were recorded clearly and the registered manager monitored these to see if improvements could be made to prevent similar events in future.

At inspection there were enough staff on duty. People and staff told us that there were always enough staff available to provide people with the support they needed. In the daytime, in addition to the registered manager there were six support workers on shift including a team leader. The manager worked office hours Monday to Friday. Three waking night staff provided night time cover across both units. Relatives said they were happy with staffing levels which provided people with the levels of support they needed. Gaps in shifts due to annual leave or sickness, were covered either from within the staff team or through staff cover from a preferred agency. At inspection two staff needed to be covered unexpectedly: the registered manager took action to find cover with a mix of agency and cover from within the staff team and this ensured that some planned activities went ahead.

The provider should consult with the Fire Service as to whether evacuation plans for people on the first floor meet the requirements of the current fire legislation contained within the Regulatory Reform (Fire Safety) Order 2005.

Good

Is the service effective?

Our findings

Relatives told us that they thought staff had the right attitudes knowledge and skills to support their family members, and showed an understanding of their specific needs. One relative told us that the service had been proactive in introducing a healthy eating regime for their family member which had been successful in substantially reducing their weight. A social care professional told us that they had been kept updated regarding health appointments for the person they were responsible for. Another relative said they had been involved in a best interest meeting organised by the service for their family member around a health intervention, and this had been successful and improved their quality of life. People told us that they liked the staff supporting them.

Staff responded to people's different styles of communication to ensure they felt included and involved. For example, when staff offered a person a late breakfast, there was a choice of cereals to choose from. This activity was unrushed and staff showed patience and took time to enable the person to have an opportunity to choose from a wide variety of options. The staff member went on to assist the person to eat their breakfast cereal, and provided gentle encouragement and conversation to the person throughout the meal. Later at lunchtime we met someone who had made homemade soup with staff the previous evening and was eating this for lunch. A staff member provided a supportive presence, offering occasional conversation to the person during their meal.

A relative told us they visited several times per week to undertake a cooking session with their family member. This was an activity the person particularly enjoyed and gave their relative an opportunity to spend quality time with them. There was a relaxed and cheerful atmosphere in the kitchen with lots of easy conversation and chatter from staff to the person undertaking the cooking about how good their cooking was and how much they hoped they were going to be offered something to try. The person responded positively to these comments.

Menus were developed from an understanding of peoples likes and dislikes and these were on a four week cycle. Menus were on display in the kitchen in a Widget (Widget is a communication tool that uses symbols to make information accessible to people with different reading levels) and text format so people knew what they were having. Staff said these were suggested choices but changes could be made to them to fit in with peoples personal preferences. Staff encouraged people to eat a healthy balanced diet, and recorded people's food and drink intake to ensure this was at a satisfactory level that did not highlight a risk of poor nutrition. People's weights were monitored regularly and any significant changes reported to the registered manager.

Staff were provided with a programme of essential and specialised training that enabled them to acquire the right skills and knowledge to support people appropriately. Eleven out of 21 full time, part time and flexi staff had completed nationally recognised vocational qualifications. Newly appointed staff were required to complete a four day induction programme, in addition to shadowing more experienced staff. This was a combination of e-learning and completion of a work book which helped staff towards meeting the requirement of the new national vocational Care Certificate. Newer staff confirmed their induction gave them time to learn about people's needs and that their competency was assessed by the team leaders and the registered manager throughout their probationary period. All new staff completed a probationary period and met regularly with the registered manager, where their progress was assessed and discussed with them.

For established members of the staff team there was a programme of refresher training in a variety of topics such as safeguarding, food hygiene and health and safety. Specialist training relevant to the needs of the people in the service was also provided to all staff such as epilepsy training. The training provided helped staff deliver care effectively to people to the expected standard.

Staff received support to understand their roles and responsibilities through face to face discussion and talks with the registered manager or a team leader. These meetings provided opportunities for staff to discuss their performance, development and training needs. They said that the registered manager was always available, and that they felt able to approach her at any time if there were issues they wished to discuss. They said they met as a team often and they were confident of raising issues within these meetings and felt listened to. Staff said that they were well informed about people's needs and comprehensive handovers between shifts provided them with updates about people's care needs.

Good

Is the service effective?

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one and had made referrals on behalf of two people in the service to the DoLS team and these were being processed. Staff had received training in the Mental Capacity Act 2005 (MCA). This provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves.

Staff supported people to make everyday decisions and choices for themselves such as when they got up, what they wore, ate or wanted to do. This was reflected in the way staff communicated information and sought consent from people in ways that best suited each person's ability to absorb and handle the information presented. Staff said that people had pictorial communication cards which were used by staff to help understand people's preferences and choices. Where people lacked the capacity to make some more important decisions for themselves around their care and treatment, staff understood that they needed to ensure any decisions were made in the person's best interests, and by people who knew them well, in line with the principles of the Mental Capacity Act 2005.

Approximately 50% of staff had received training in an accredited course that provided staff with theoretical information and practical guidance around use of physical intervention and conflict management techniques. However staff said they did not use restraint in this service. Staff said they did not have anyone whose behaviour could be considered challenging although protocols were in place for staff to follow when working with specific people to ensure staff responded consistently.

People were supported by staff to maintain their health and wellbeing. Routine health checks with doctors, dentist and opticians were arranged, and where necessary referrals were made to other health professionals, for example the epilepsy nursing service. Individual guidance was provided to staff in respect of health needs around specific conditions. For people who were living with epilepsy, their seizures were monitored and protocols were in place for administration of rescue medicines when major seizures occurred. A record was kept of all health appointments and contacts; each person has a health passport and health checklist in place to ensure all aspects of their healthcare needs were kept under review. Relatives told us that they were kept informed of any issues regarding the health and wellbeing of their family member.

Good

Is the service caring?

Our findings

People told us that they felt happy living at the service. A social care professional commented, "My client has told me he is very happy living at Orchard House and this is one of the best places he has ever lived". A relative told us, "We are very pleased with Orchard House; there have been small improvements since he has been there and he tells us he enjoys being there and has made a friend".

Staff took time to listen and interact with people so that they received the care and support they needed. People were smiling and chatting and there were many positive interactions between people and staff and vice versa, for example talking with someone about their favourite hobby, talking with another person about what they thought needed to be improved in the kitchen.

People had their own space and could be private when they wished. People respected each other's privacy; their bedrooms had been personalised to reflect their individual tastes and preferences and were full of possessions, photographs and important memorabilia. One person had just moved in and told us that their room was being redecorated to suit their personal tastes. They had taken their curtains down because they did not like them and were awaiting new ones. This person felt their privacy was respected and did not feel that by making the decision to remove the curtains this was reducing the level of privacy they enjoyed as they were not overlooked. They told us about plans for the redecoration including items of furniture they had identified that they would like. Staff protected people's dignity and privacy by discreetly managing personal care tasks.

A relative told us their family member and another person had developed a friendship since both of them moved into Orchard house. People were encouraged to do more for themselves and to help with domestic tasks around the service if they showed a willingness to do so. For example, cleaning, laundry, food preparation. One person was supported by staff to cook for themselves and other people, which was a particular activity they enjoyed.

People had contact with their families and representatives, and some people visited these people in their homes. Relatives said they were always made to feel welcome at Orchard House. They said they were asked for their views and felt listened to and also well informed by staff about their family member's wellbeing.

Everyone had representatives that advocated on their behalf and more than half had relatives who were closely involved in their care and welfare. People were supported to maintain contact with family members who were important to them; they were helped by staff to mark important family birthdays and anniversaries by sending cards and giving presents. . Relatives spoke about the atmosphere at Orchard house. One person commented, "Orchard house provides a calm and caring environment". Another person said staff were always attentive to service users and that there was never any "tension" in the air or a negative atmosphere. Relatives also commented on how well their family members always looked in clean clothing and well groomed.

People's care plans contained information about the important people in their lives and important events they needed to be reminded about. For some people this was a first placement into care and for others one of a number of previous placements that had not worked well for them. Staff had built relationships with everyone they supported and were familiar with their life stories and preferences. During the inspection staff talked about people in a caring and meaningful way.

People's potential for developing skills was assessed; small achievable goals to help them progress were developed and people worked towards these at a pace to suit themselves.

Requires improvement

Is the service responsive?

Our findings

People told us about some of the activities they were involved in such as walking, shopping, eating out, attending the day centre, going to the Cinema and Bowling. One person said they much preferred living at Orchard house, as they were able to get out more into the community. A relative said, "They give her lots of opportunities to do different activities but if she loses interest they will try other things. She has definitely improved in her behaviour since moving here". Another relative said, "He's enjoying it here; since moving we have seen a slight improvement. He goes out a lot and he now calls us on the phone, which he did not do before moving there".

Each person's care plan made clear what activities people liked and disliked. Staff showed that they understood what interested people and engaged in conversations with them about their interests. A relative told us that their daughter enjoyed a wide range of activities and had been encouraged to try new activities and learn new skills such as carriage riding.

Each person had a weekly activity planner that meant they were busy each weekday and at weekends doing things they liked to do either in house or in the community. For example, going to the cinema, visits to the beach, walks in the country, shopping, eating out, bowling. People also had free time set aside in their weekly activity plans to use how they wanted.

We met two people who had moved to the service this year; they were able to describe the circumstances of this and understood the reasons for it. They confirmed that they had been given opportunities to visit prior to their admission. The manager explained that usually people were admitted over a longer period with opportunities for full assessment, trial visits and stays. In these cases time pressures had required admission over a shorter time period. In each case however, a full assessment had been completed to inform the decision to admit and whether they could meet each person's needs. Relatives spoke positively about the decision for their family member to be admitted to the service and had felt informed throughout the process.

Care plans were personalised and looked at what people needed and wanted in the way of support to live their daily lives. They addressed the individual support people needed around maintaining their personal care, social interaction, leisure interests, and the support they needed from staff to get around. Specific guidance in respect of health related needs for example, catheter care was in place to inform staff. Daily reports which also incorporated feedback from night staff were completed for each person. These reported on personal care that had been completed, what each person had eaten and drunk and any unusual occurrences and activities undertaken. Some people had additional funding for staff to spend one to one time with them; daily reports recorded when this had taken place, but information about how it was used lacked detail to fully reflect how this was used effectively. This is an area which requires improvement. We discussed this with the registered manager who agreed reporting around this needed to be clearer.

Staff took time each month to sit with each person and talk about their care and support. Any identified changes or differences were reported to the registered manager who ensured care plans were updated accordingly. Company policy required key work staff to meet on a monthly basis with people they were allocated to. Care plans were checked and people were asked whether they were happy with their plan of support or if there were new things they wanted to try. Since July 2015 these meetings had not kept to the planned frequency. The registered manager was unable to assure herself therefore that people were always being listened to. This is an area which requires improvement.

People's care and support needs were formally reviewed on an annual basis with them, their relatives, representatives and various other professionals where necessary. Relatives told us they were invited to reviews and felt listened to. At each review people were set achievable goals that they could work towards over the course of the year, their annual review to which relatives and care managers were invited, looked at progress made on achieving their set goals, and agreed further goals.

There was a complaints procedure available in a widget and text format. People who were able to comment said they felt able to tell staff if they were upset or concerned about anything. Relatives told us they felt able to raise any concerns with the manager who they found approachable and felt any issues they had were resolved quickly to their

Requires improvement

Is the service responsive?

satisfaction. Staff said they understood people's different styles of communication and would be able to determine quickly if someone was unhappy and seek the causes for this.

There was a complaints log for recording of formal complaints received. All complaints received in the last 12 months had been resolved. People had opportunities at their individual monthly meetings with their key worker to discuss any concerns they might have, which would be reported to the registered manager. House meetings called "our meetings "where people could raise any issues they had were held monthly for each unit. However, the frequency of these had not been maintained. One unit had not had a meeting since July 2015 and the other unit since September 2015; this was brought to the attention of the manager at inspection.

We recommend that the registered manager review and implement fully the company policy in regard to the frequencies of individual key worker and "Our meetings" for people using the service.

Requires improvement

Is the service well-led?

Our findings

Relatives and representatives spoke positively about the registered manager. They told us that the registered manager had ensured they communicated any information or concerns to them. Relatives described the registered manager as being competent and providing strong leadership to staff, and showed compassion and care not just to the service users but also to their families. Staff and relatives said they found the registered manager approachable.

An internal audit process was in place that should be completed by the registered manager each month. This checked all aspects of the service to assure the manager that tasks allotted to staff were being completed. The registered manager did not undertake unannounced spot checks of the service and during our inspection was unable to demonstrate that monthly management audits were being completed. Shortfalls we have identified in respect of recording around staff recruitment files, recording around completion of peoples goals, use of funded one to one time, and frequencies of House meetings indicated that the registered manager was not fully aware of what tasks were not being completed and this could pose a risk of people not receiving the support they need.

These shortfalls were also not picked up within the monthly checks undertaken by the locality manager, who staff said was a visible presence and very approachable. The locality manager gave direct supervision to the registered manager every two months. They undertook formal operational audits of the service every month, and produced a review and service improvement plan. Action plans were produced from these visits of any shortfalls with timescales for their completion, but these had failed to identify that the registered manager audits were not being completed.

People had opportunities to feedback their views about the service at their monthly meetings but these meetings had not happened for some time. Relatives told us that they were asked for their views and felt listened to but service improvement plans did not make reference to feedback from people or other Stakeholders and how this was informing service development.

There was a failure to ensure that systems to assess and monitor service quality and feedback from people using the service, were being implemented effectively. This is a breach of Regulation 17 (2) (a) (e) of the Health and social Care Act 2008 (Regulated Activities) 2014.

People showed that they liked the registered manager and made a point of singling her out for attention, and sitting in her office with her. Relatives and social care professionals said they were happy with the care and support people received. Staff said they felt supported and listened to. The atmosphere within the service on the day of our inspection was open and inclusive. Staff were seen to work in accordance to people's routines and support needs.

Staff told us that they felt supported and listened to, they felt communication was good and they were kept informed of important changes to operational policy or the support of individuals. There had been a significant loss of staff in the last 12 months. New staff had since been recruited and the staff team, a mixture of new and existing staff, was now settling down. A new staff member told us that they felt really settled at Orchard house and it felt like she had worked there much longer than she had. Staff worked shifts in teams of six and worked two days on and four days off. Regular staff meetings were held and staff said they found these safe places to raise issues, and that they felt listened to. Staff said that they felt communication was good and they worked well together as team members.

The registered manager and staff had a good working relationship with care managers and other professionals. One professional commented that they felt the service kept them updated and communication from them was very informative.

The language used within records reflected a positive and professional attitude towards the people supported. Staff had access to policies and procedures, which were contained within a folder and was held in the service. Policies and procedures were reviewed regularly by the organisation to ensure any changes in practice, or guidance is taken account of, staff were made aware of policy updates and reminded to read them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was a failure to ensure that systems to assess and monitor service quality and feedback from people using the service, were being implemented effectively. This is a breach of Regulation 17 (2) (a) (e) of the Health and social Care Act 2008 (Regulated Activities) 2014.