The Ormsby Group Limited

Ormsby Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Ormsby Lodge is a care home. It is registered to provide accommodation and personal care for up to 10 and predominantly supports people living with a learning disability, autism or mental health needs. At the time of the inspection there were 10 people living at the service. The service was a large house in the heart of Portsmouth, close to local amenities. It had been adapted to suit the needs of the people living there.

The service had not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance as the number of people living at the home exceeded the recommended number of six. However, people were supported to live as full a life as possible and achieve the best possible outcomes. The service met the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People's experience of using this service and what we found
People's safety was compromised as best practice guidance was not always followed in respect of the control of infection and the management of people's medicines.

Risks to people's health and safety were not always assessed and managed appropriately.

The provider was not aware of, and had not followed, procedures to ensure they were open and transparent when people came to harm.

Information about the health of staff was not sought to consider whether they had any conditions that might affect their suitability for employment. However, the registered manager addressed this during the inspection.

The provider had not displayed their previous performance rating on their website, but they addressed this immediately.

People's end of life wishes and preferences had not been discussed with them or those close to them. However, the registered manager had plans to address this.

Quality assurance procedures were not adequate and had not identified any of the concerns we found during the inspection. There was little evidence of a culture of continuous learning.

However, people were protected from the risk of abuse. Their rights and freedom were also protected.

Staff were skilled and knowledgeable. They supported people to be as independent as possible and to

achieve positive outcomes.

People's privacy was protected and staff treated them in a kind and caring way, according to their diverse needs.

Staff used appropriate tools and techniques to communicate with people.

People's nutritional needs were met and they were supported to access healthcare services when needed.

Care plans were developed with people and their families and were reviewed regularly.

There was an accessible complaints procedure in place and people felt able to raise concerns.

People and their families spoke positively about the management and felt engaged in the way the service was run.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was requires improvement (published 8 November 2018).

Why we inspected
This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ormsby Lodge on our website at www.cqc.org.uk.

Enforcement
At this inspection, we identified breaches of regulations in relation to safe care and treatment, duty of candour and quality assurance.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan and meet with the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our Well-led findings below.	**Requires Improvement**

Ormsby Lodge

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was conducted by one inspector.

Service and service type
Ormsby Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection, we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also reviewed information the provider sent us in the provider information return. This is information providers are required to send us, at least yearly, with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
During the inspection, we spoke with one person living at the home. We also interacted with, and had

limited conversations with, four other people who used the service.

We spoke with members of staff including two housekeepers, five support workers, the registered manager, and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection
After the inspection, we continued to seek clarification from the provider to validate evidence found. We also received feedback about the service from four friends or family members and two health or social care professionals who worked closely with the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection
At our last inspection, the provider had failed to manage infection control risks effectively. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

• Since the last inspection, the provider had employed a specialist contractor to assess and monitor the risk of Legionella, from which they had developed and completed an action plan. The provider had also completed an annual statement of infection control to summarise action they had taken over the previous year.
• However, staff did not always follow best practice guidance in relation to infection control procedures.
• When clothing or bedding became soiled with bodily fluids, staff used soluble red bags to transport it to the laundry. The bags are intended to be placed straight into the washing machine, without being opened, to reduce the risk of infection spread. However, housekeeping staff told us they sometimes opened the bags to rinse the contents in the small hand washing sink in the laundry.
• This posed a risk of cross contamination with other items in the laundry and also meant staff did not have a clean sink in which to wash their hands afterwards. There was no soap or disposable hand towels at this sink. Staff told us they used the hand washing sink in the adjacent kitchen, but this risked spreading infection into the food preparation area.
• The laundry, which was in a brick outbuilding, was not hygienic. There was a bare concrete floor and paint was peeling off the walls which meant the room could not been cleaned properly. Staff told us they swept the floor but could not confirm when the room had last been cleaned.
• An infection control risk assessment had not been completed for the laundry, and the provider had not competed an infection control audit to assess the effectiveness of their procedures.

The failure to assess and manage the risk of infection was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Following the inspection, the registered manage told us they would refurbish the laundry and remind staff of the correct procedures to follow. They said they would also complete the necessary risk assessments and audits.
• The home was clean and housekeepers completed regular cleaning, in accordance with set schedules. A family member told us, "Everything is always spotless."

• Personal protective equipment, including disposable gloves and aprons were available to staff and they confirmed they used them when necessary.

Using medicines safely
At our last inspection, the provider had failed to ensure the safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

• Since the last inspection, the provider had put measures in place to improve the administration of medicines and introduced guidance to help staff understand when to give 'as required' (PRN) basis. However, we found other best practice guidance was not always followed.
• The ability of staff to administer medicines safely was assessed as part of their initial medicines training. However, there was not a process to check their competence thereafter, as recommended in guidance issued by the Department of Health and Social Care.
• The arrangements for recording and monitoring the use of boxed medicines was not robust. Staff did not record the number of tablets in stock and carry this forward from month to month. This meant they were unable to account for the number of boxed medicines in stock at any one time, so would not know if any went missing.
• Two people were prescribed medicines to be taken at least half an hour before food. However, staff were not aware of this and told us they were usually given to people with their breakfast. This meant the medicines might not have been fully effective.
• The stock of insulin for a person living with diabetes was kept in the food fridge, contrary to best practice guidance. Although it was inside a locked tin, the tin was not secure and could be removed by anyone having access to the kitchen. This included people using the service and staff who were not trained to administer medicines.

The failure to ensure the safe management of medicines was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Following the inspection, the registered manager told us they would introduce a yearly competence assessment for staff and would install a dedicated medicines fridge. They also said they would update their processes for administering early morning medicines and ensure that boxed medicines were properly accounted for.
• One person was prescribed a PRN medicine to be given if their temperature was too high. Staff monitored the person's temperature closely and had administered the medicine whenever it had been needed.
• There were effective systems to help ensure topical creams were managed safely. The date creams had been opened was recorded, to help ensure they were not used beyond their 'use by' date.
• Medication administration records confirmed people had received all their prescribed medicines.

Assessing risk, safety monitoring and management
At our last inspection, the provider had failed to effectively manage individual risks to people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

• People were not always protected effectively from the risk of harm. Risk assessments were not always in

place for identified risks. For example, one person has a history of falling but there was not a falls risk assessment in place. Although some action had been taken in response to falls earlier in the year, no action had been taken in response to three falls the person had experienced in the three weeks prior to the inspection. This put the person at risk of further falls.
• Another person was also at risk of falls and there was not a falls risk assessment in place for them, although staff understood the risk and how to support the person safely.
• One person was prescribed a blood thinning medicine. This poses an increased risk of bleeding if the person sustains an injury. However, risk assessments were not in place for this, although staff told us they had just learnt about the risk during a first aid training session.

The failure to ensure risks to people's health and safety were managed safely was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Following the inspection, the registered manager told us they would complete the necessary risk assessments for people and explore ways to improve the monitoring of falls.
• Risk assessments had been put in place for people who were at risk of choking, and a window restrictor had been fitted to an upper floor window to prevent people from falling. These had been concerns at the last inspection and had been addressed.
• Other risk assessments had been completed for individual risks to people, such as the risks posed by stairs, bathing and making hot drinks. Staff knew how to mitigate these risks.
• Checks of water temperatures were conducted regularly and records confirmed they were within acceptable safety limits. Gas and electrical appliances were checked and serviced regularly.
• Fire safety risks had been assessed and fire detection systems were checked weekly. Personal emergency evacuation plans had been completed for each person, detailing action needed to support people to evacuate the building in an emergency. Staff knew what to do if the fire alarm was activated.

Learning lessons when things go wrong
• The registered manager described how they constantly monitored incidents, accidents and events, including people's daily records to identify any learning which may help keep people safe.
• They were unable to explain why a series of falls by one person had not been identified and addressed. However, they assured us they would monitor incidents more closely in future to identify any themes or patterns.
• Where incidents had been identified, these were discussed in staff meetings to consider ways of reducing the likelihood of a recurrence.

Staffing and recruitment
• There were clear recruitment procedures in place. These included reference checks and checks with the Disclosure and Barring Service (DBS). DBS checks help employers make safe recruitment decisions.
• However, we found Information about physical or mental health conditions that might be relevant to staff members' suitability had not been obtained, as required. We discussed this with the registered manager and by the end of the inspection, they had introduced a new process to capture and consider this information before staff were employed.
• There were enough staff available to keep people safe and meet their needs. All the people and relatives we spoke with told us they felt there were sufficient staff.
• Staffing levels were determined by the number of people using the service and the level of support they required.
• People were supported by consistent staff. Short term staff absences were covered by existing staff members or a small pool of staff who could be called in at short notice. This helped ensure the continuity of care.

Systems and processes to safeguard people from the risk of abuse

• People were protected from the risk of abuse and the service had a policy and procedure for safeguarding adults. One person told us, "Nothing worries me. Everything's alright with the [other people living at the home] and with staff." A family member said, "I feel [my relative] is in safe hands when I leave her, and after visits home she is always happy to return there, which is reassuring."

• Records confirmed that where abuse was suspected, it was thoroughly investigated, in liaison with the local safeguarding team.

• Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member told us, "I'd report [any concerns] to the manager. She'd be just as annoyed as me and I'm confident she would deal with it."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
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 Mental Capacity Act 2005 (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection, the provider had failed to ensure that a condition attached to a person's DoLS authorisation had been met. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

• We checked whether the service was working within the principles of the MCA and found they were. DoLS applications had been made when needed. Where conditions had been attached to authorisations, these had been followed.
• Staff occasionally had to use low level physical intervention to support people when they became agitated. A robust process was in place to ensure this was kept to an absolute minimum. The registered manager completed a comprehensive review of each incident with the person involved, to consider ways of reducing the need for physical intervention in the future.

The MCA also provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

• Where people did not have capacity to make decisions, staff had completed MCA assessments, consulted with those close to the person and made decisions in the best interests of the person.
• People's right to decline care was respected. Staff were clear about the need to seek verbal consent from people before providing care or support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Everyone living at Ormsby Lodge had lived there between five and 30 years and told us they felt very settled. Detailed assessments of their needs had been completed and comprehensive care plans developed

over time to help staff understand people's individual needs and the choices they had made about the way they wished to live their lives and be supported.
• There was information in each person's care plan about their specific conditions. This gave staff the signs to look out for, guidance on how they could best support the person and what action to take.
• Staff were committed to achieving good outcomes for people by supporting them to enjoy a good quality of life. A family member told us, "[My relative] is leading as full a life as he can. Staff could not do any more for him."
• Best practice guidance was followed in respect of diabetes care. For example, one person was supported to check their blood sugar levels regularly. There was clear information in the person's care plan to help staff recognise when the person's blood sugar levels were too high or too low and the action they should take.
• Staff made appropriate use of technology to support people. For example, they used a listening device to discreetly monitor a person who was at risk of seizures at night. This allowed them to identify when the person needed support without adversely impacting their privacy and independence.

Staff support: induction, training, skills and experience
• People and family members told us staff were skilled and knowledgeable. Comments included: "They seem very competent and well trained" and "They do everything well".
• Staff completed a comprehensive range of training to meet people's needs, which was refreshed and updated regularly. In addition, the registered manager ran short training sessions and quizzes during staff meetings to refresh staff knowledge about topical issues.
• Staff were supported to gain vocational qualifications relevant to their role.
• New staff completed a programme of induction before being allowed to work on their own. This included a period of shadowing more experienced members of staff. Staff who were new to care were supported to complete training that followed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.
• Staff told us they felt supported in their roles. Comments included: "I have ample support and training and feel very supported by [the registered manager]", "The training is amazing and allows us to reflect about people's support plans" and "We are always thanked by the [registered] manager at the end of the shift".
• Staff received regular one-to-one sessions of supervision. These provided an opportunity for a supervisor to meet with staff, discuss their training needs, identify any concerns, and offer support. Yearly appraisals were also completed, to assess the performance of staff and any development needs.

Supporting people to eat and drink enough to maintain a balanced diet
• People received enough to eat and drink and told us they enjoyed their meals. One person said, "The food is excellent. We get roast [meat] on Sunday and we can go out for dinner."
• Each person had a nutritional assessment to identify their dietary needs and preferences. Meal choices were made during 'house meetings' at the start of each week. These catered for each person's preferences and needs. For example, one person chose not to eat meat and another person was supported to follow a low-sugar diet.
• Staff monitored people's weight and took action if people lost or gained unplanned weight; for example, they referred people to GPs or supported them to make healthier meal choices.

Adapting service, design, decoration to meet people's needs
• Adaptations had been made to the home to meet the needs of people living there. For example, one person needed their room to be uncluttered and functional and other people needed a particular type of flooring to meet their needs.
• There was a range of communal areas available to people, including a dining area and lounges which allowed people the freedom to choose where they wished to spend their time.
• People's rooms were personalised and reflected their interests and preferences. A family member told us,

"They [staff] care so much about what [my relative] wants. She wanted new curtains and a quilt and they took her [shopping] and sorted it all out for her."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

• The service had developed strong links and worked closely with local healthcare professionals including a GP surgery, community learning disability nurses, mental health professionals, and dentists. A family member told us, "They keep a close eye on [my relative's] health and call the doctor or dentist if needed."

• A dentist who had regular contact with the home told us, "Staff are amazing. They bring people [for check-ups] every six months, without any reminder. They never miss. They prepare people for the visit and support them physically, emotionally and mentally."

• Where people required support from external healthcare professionals, this was arranged and staff followed their guidance. For example, when a person developed swallowing difficulties, staff worked alongside speech and language therapists to identify a suitable eating plan.

• Staff also gave examples of how they had reduced people's medicines by working closely with mental health specialists.

• If a person was admitted to hospital, staff ensured that key information about the person was sent with them in a 'hospital passport'. In addition, a member of staff would also accompany the person to aid communication.

• Friends and family members told us they were also given important information when people visited them at home. One family member said, "[The person] even comes to us with a list of which tablets she needs to take when."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence
At the last inspection, we identified a breach of 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as confidential information was not always kept secure.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

• Care records were kept securely and confidential information was only accessible to staff who needed to view it.
• Staff described how they protected people's privacy during personal care. This included listening to people, respecting their choices and closing doors and curtains. We saw people were asked discreetly if they needed help with anything, including using the bathroom.
• Two people shared a bedroom and a screen between the beds gave each person a degree of privacy.
• Staff promoted people's independence. For example, they encouraged a person to administer some of their own medicines, with a limited amount of support, and described how this enhanced the person's self-esteem.
• A staff member told us, "We promote independence all the time. For example, [one person] knows how to change his bed. He also really likes making his tea, while we watch, and putting his washing away."
• Friends and family members made similar comments, including one family member who told us, "[My relative] enjoys being given responsibilities. They let her buy the milk from a nearby shop and she loves doing that."

Ensuring people are well treated and supported; respecting equality and diversity
• People spoke positively about staff, describing them as "nice" and "kind". One person told us, "I like it here. All of them [staff] are lovely. I get on very well with them." Another person said, "I just like it here, everyone's nice."
• Comments from friends and family members included: "I've been impressed by the [staff]. They are all very kind and very compassionate", "My relative] always looks clean and well cared for" and "Staff are very good with [my relative]. They're patient, kind and considerate".
• A healthcare professional who had regular contact with the home told us, "Staff are nice, genuine, good people."
• We observed positive interactions between people and staff. For example, people hugged staff when they arrived for work. Staff reciprocated warmly and showed interest in what people had been doing. Everyone

appeared relaxed and happy in the company of staff.
• Whenever staff spoke about people, they did so in an affectionate, caring way. Some staff had supported people for over 20 years. During discussions, they demonstrated an exceptional understanding of people's individual needs, preferences, backgrounds and interests. They used this knowledge to engage with people in a meaningful way.
• People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. Staff recognised people's diverse needs and respected their individual lifestyle choices. For example, one person wished to follow some aspects of a faith, without adhering to other aspects of it, and staff supported them to do this.

Supporting people to express their views and be involved in making decisions about their care
• People and family members were involved in discussing and planning the support they received. A family member told us, "I contribute to [reviews of my relative's care] and we discuss everything from her health to her finances."
• Records confirmed that people and family members had regular meetings with senior staff to discuss their views and make decisions about the care people received; these included decisions about their choice of activities and how they wished to be supported.
• We heard people being consulted throughout the inspection about where they wished to go and what they wished to do.
• Staff ensured that family members and others who were important to the person were kept updated with any changes to the person's care or health needs.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support
• At the time of the inspection, no one at the home was receiving end of life care and there was no information in people's care plans to show that people's end of life wishes and preferences had been discussed with them or their families.
• The registered manager told us they had researched the subject of end of life care by contacting the Learning Disability Team and planned to start discussing the subject with family members at people's next reviews. They also told us they had identified templates to help them develop end of life plans with people.
• The registered manager acknowledged that further work was needed, including training staff and developing links with palliative care specialists. This would help ensure people's end of life wishes were known and met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• People told us their needs were met and this was confirmed by family members. One family member told us, "I'm impressed by how well they know the needs of each individual. They are quite switched on to their needs."
• Care plans had been developed for each person and provided sufficient information to enable staff to support people in a personalised way. They included people's preferred routines during the day and night, together with their likes and dislikes.
• People's care plans were reviewed every six months or when people's needs changed and included a discussion with the person and those close to them.
• Staff understood people's needs, wishes and preferences and could explain them well. For example, they knew how to support a person with complex needs who could behave in a way that put themselves and others at risk. A family member confirmed this and said, "Everyone knows [my relative] and how to support him, even when he [becomes agitated]."
• Staff described how they took a person-centred approach to supporting people. For example, one staff member said, "Everyone one is different. They are ten individual people with ten individual needs." Care records confirmed that people had been supported in line with their care plans.
• Staff responded promptly when people's needs changed. For example, a family member told us, "[My relative] has a lot of health issues and they know all about them and what to do. They are very alert, to the least little thing and they are on it."
• People were empowered to make their own decisions and choices and people confirmed they could make choices in relation to their day to day lives; for example, what time they liked to go to bed, what they ate and where they spent their time.
• Although most people chose to go to a day centre most days, we saw one person had chosen not to go and

spent the day at the home instead. People's care plans emphasised that they were "only a guide" and people could change their minds, depending on how they were feeling.
• A staff member told us, "People have good days and bad days. If they don't want to go to the day centre, they have every right to say so and staff here can support them." A family member confirmed this and said, "They [staff] don't push [my relative]; they leave it to him to decide what he wants to do. If he doesn't want to go to the day centre, they're fine about it, they're very flexible."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• People's communication needs were identified, recorded and highlighted in their care plans. This helped ensure that staff were aware of the best ways to communicate with people, including those who could not communicate verbally. For example, some people used Makaton; this is a type of sign language used by people with disabilities and uses signs with speech to help clarify what is being said. Other people used pictures to help them express their wishes. A family member told us, "[My relative] has no speech and doesn't use Makaton, but they [staff] know her well and can interpret her body language; for example, if she is not well."
• Information could be given to people in a variety of formats, for example easy-read format based on pictures. These included people's care plans, risk assessments and hospital passports.
• People had been given certificates to show they had been supported to achieve an understanding of topics such as decision-making, safeguarding and diversity using accessible communication products and tools.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• People had access to a range of activities that encouraged social inclusion. These included visits to a local day centre run by the provider, where people could interact with other community groups. One person told us, "I like going there. I like the minibus outings as well."
• Some people liked to help with tasks around the home, such as hoovering, and one person was supported to attend a part-time job at a local school. A friend of the person told us the job had "helped [the person] be proud of her abilities and improved her self-esteem".
• People were supported to keep in touch with friends and family by telephone, to send greetings cards and purchase birthday and Christmas presents for them. They also invited friends and family members to special events and parties at the home.

Improving care quality in response to complaints or concerns
• There was an accessible complaints procedure in place and people told us they would feel happy raising concerns. A family member said, "I've not made any complaints, but I do question things at reviews, and they always answer me openly."
• Records of complaints showed they had been investigated and dealt with thoroughly, promptly, and in accordance with the provider's policy.
• The registered manager described how they used learning from complaints to help drive improvement. For example, following a complaint about the extractor fan, they had adjusted the cooking times to maintain good relations with neighbours.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Quality assurance systems did not always support the delivery of high-quality care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• Neither the registered manager, nor the nominated individual were aware of their responsibilities under the duty of candour requirements. These are procedures providers have to follow when people come to harm.
• The provider did not have a duty of candour policy in place to guide staff.
• One notifiable safety incident had occurred since the last inspection, which met the threshold for action under the duty of candour requirements. Although staff had been open about the incident with the person's family, they had not provided any information in writing, including an apology, as required.

The failure to follow the duty of candour requirements was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
At our last inspection the provider had failed to operate an effective quality assurance system. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

• The registered manager told us they monitored the service by working with people and staff on a daily basis and reading daily care records. However, there was not a robust quality assurance system in place and they did not have an effective process to assess, monitor and improve the service.
• They had not conducted an infection control audit, so had not identified the concerns we found with the laundry. They had not conducted a medicines audit, so had not identified the concerns we found with the management of medicines. They had not conducted an audit of staff files, so had not identified the lack of health information.
• Although the registered manager reviewed people's care plans regularly, they had not identified that some risk assessments were missing and had not picked up on a series of falls that one person had experienced. You can find more information about this in the Safe section of this report.

The failure to operate an effective systems to assess, monitor and improve the service was a continuing

breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• The provider had prominently displayed the home's previous inspection rating in the entrance lobby of the home. However, they had not displayed it on their website, together with a link to the inspection report on the CQC's website, as required.
• We discussed this with the registered manager, who was not aware of the requirement to display the rating on their website. They acted immediately to take their website offline until the necessary links could be added.
• The registered manager had notified CQC of all significant incidents, in line with the requirements of their registration.
• There was a clear management structure in place, comprising the provider's nominated individual, the registered manager and senior care staff. Each had clear roles and responsibilities.
• Staff understood their roles and were provided with clear guidance of what was expected of them. Staff communicated well between themselves, for example during handover meetings, to help ensure people's needs were met.

Continuous learning and improving care
• We identified little evidence of a culture of continuous learning. Although individual issues identified at the last inspection had been addressed, the provider had not looked more broadly at key aspects of the service. As a result, we identified breaches of three regulations, together with other areas for improvement.
• However, the provider had introduced a 'maintenance book' and a 'health and safety' check list in response to concerns about the environment.
• The provider operates another residential home and a day service for people with learning disabilities. We were told the managers of each service met every week, together with a training advisor, to discuss areas for development. This had led to improved training opportunities for staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People and their relatives spoke positively about the management of the service. Comments included: "I think the management is good. [The registered manager] has been there a long time and knows the systems well", "I cannot speak too highly of Ormsby Lodge. Managers do a great job, they always know what [my relative] is up to and how he is" and "There is very good communication with management. They're very open and I can always get in touch with them".
• A healthcare professional told us, "[The registered manager] is a lovely person, very caring."
• The provider had clear expectations about the values staff should work to and these were set out during their induction. These included: person-centred care, promoting independence and treating people with respect. These values were communicated to staff at recruitment, during one-to-one conversations with managers and during staff meetings.
• From our discussions with staff, they had a shared understanding of these values and were committed to meeting them in their day to day work. One staff member told us, "You feel you're part of something good."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The provider consulted people in a range of ways. These included quality assurance surveys, 'house' meetings' and one-to-one discussions.
• Friends and family members told us they enjoyed an open relationship with the managers. Comments included: "We're very supportive of [the registered manager] in particular; she's wonderful", "We very much feel listened to. If we had any concerns, I know they would act" and "I have a little moan now and then and they listen to me. They take onboard what I say".

• The registered manager acted on people's feedback; for example, they had arranged new furniture for a person's room and arranged for a person to undertake fresh activities to develop new skills.
• Staff told us they felt engaged in the way the service was run and that morale was good. They said they had a good working relationship with their colleagues and felt they worked well as a team.
• Staff spoke positively about the registered manager, describing them as "approachable" and "supportive". Other comments included: "[The registered manager] asks my opinion and I feel totally listened to", "Everything is pretty well organised", "I feel listed to by [the registered manager]. She just explains things so well and is always available" and "I've had nothing but support here. I feel valued by everybody".

Working in partnership with others
• The service worked in collaboration with other relevant agencies, including health and social care professionals.
• Staff had developed links with advocacy services to support people who did not have relatives to act for them. An advocate is an independent person whose role is to befriend people and help them express their views.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that people were protected from health and safety risks and from the risks associated with the management of medicines and the control of infection. Regulation 12(1) & (2)(a)(b)(g)&(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective systems to assess, monitor and improve the service. Regulation 17(1) & (2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour The provider had failed to ensure that staff acted in an open and transparent way when people came to harm. Regulation 20(1) & (4)