

SHC Clemsfold Group Limited

Orchard Lodge

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

The inspection took place on 8 and 9 January 2018. It was a focused inspection to check the provider had taken the actions they told us they would to improve the quality of care provided to people.

The service has been subject to a period of increased monitoring and support by commissioners. The service has been the subject of multiple safeguarding investigations by the local authority and partner agencies. As a result of concerns raised, the provider is currently subject to a police investigation. West Sussex Safeguarding Adults Board have also published information on their website regarding safeguarding concerns about Orchard Lodge.

In July 2017 we identified areas of care as 'Inadequate' or 'Requires Improvement'. The service received an overall rating of Inadequate, so the service was placed into 'special measures'. On 2, 3 and 6 November 2017 we inspected Orchard Lodge and found the provider had not made required improvements and therefore their rating did not improve. Shortly after the inspection we wrote to the provider and informed them that despite some improvements the Care Quality Commission remained significantly concerned about some areas of care and safety which had yet to improve and highlighted some new potential safety risks for people living at the home. The provider informed us of the action they were taking to improve the quality of care they provided.

At this inspection the provider had not improved the rating for Safe and Well-led from Inadequate because to do so requires consistent good practice over time and we found new areas of potential risk for people. We will check this during our next planned comprehensive inspection.

The overall rating for this service is 'inadequate' and the service therefore remains in 'special measures.' Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

This service will remain in special measures and continue to be kept under review by CQC and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months. If there is not enough improvement, so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This could lead to cancelling their registration, or to varying the terms of their registration. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

At the last inspection we found systems to assess and monitor the service were in place, but they were not effective. Shortly after the inspection the provider wrote to us to inform us of the action they were taking. At

this inspection we continued to find they were not sufficiently robust as they had not ensured a delivery of consistent, high quality care across the service or pro-actively identified all the issues we found during the inspection. This included checks made on how medicines were managed and a lack of analysis and monitoring of the skills and competencies of agency registered nurses.

At the last inspection we found a lack of accessible specific guidance in relation to aspects of people's healthcare needs. The provider wrote to us and told us the actions they were taking. At this inspection we found some aspects of care planning had improved. However, care records did not demonstrate people had received the safe care and treatment as referred to in their care plans. This included gaps within daily records when supporting people with their continence needs, the application of prescribed topical creams and moving and transferring needs.

Orchard Lodge has not had a registered manager since April 2017. Since that time there had been two managers who submitted and later withdrew their applications to become the registered manager. At this inspection, there was a manager in post who had submitted an application to become 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 2008 and associated Regulations about how the service is run.

Orchard Lodge is a residential care home that also provides nursing care. 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.

Orchard Lodge provides accommodation in three units called Boldings, Orchard East and Orchard West, which are all on one site. Orchard Lodge provides nursing and personal care for up to 33 people who may have a learning disability, physical disabilities and complex health needs. Most people had complex mobility and communication needs. At the time of our inspection there were 24 people living at Orchard Lodge. People living at the service had their own bedrooms and en-suite bathrooms. In each unit, there was a communal lounge and separate dining room. The units shared transport and offered 24-hour nurse support and a social and recreational activities programme. The home environment was spacious throughout and adapted to meet the needs of people who use wheelchairs. The home was decorated with pictures and photographs of people living at the home. Orchard Lodge also offers a spa and hydrotherapy facilities.

Orchard Lodge has not been operated and developed in line with the values that underpin the Registering the Right Support and other best practice guidance. Orchard Lodge was designed, built and registered before this guidance was published. However the provider has not developed or adapted Orchard Lodge in response to

changes in best practice guidance. Had the provider applied to register Orchard Lodge today, the application would be unlikely to be granted. The model and scale of care provided is not in keeping with the cultural and professional changes to how services for people with a learning disability and/or Autism should be operated to meet their needs.

These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service should be able to live as ordinary a life as any citizen, but this was not always the case for people. Orchard Lodge is a large clinical setting rather than a small-scale homely environment. Orchard Lodge is geographically isolated on a campus in rural Horsham with many people having moved to Orchard Lodge from other local authority areas and therefore not as able to retain ties with their local communities. For some people, there were limited opportunities to have meaningful engagement with the

local community amenities. Some people had limited contact with specialist health and social care support in the community due to specialist staff (physiotherapy, dietician) that were employed by the provider. Most people's social engagement and activities took place either at Orchard Lodge or at another service operated by the provider, such as the provider's day centre.

Equipment risks such as hoist equipment, wheelchairs and legionella checks were managed effectively through prompt and regular servicing. Staff employed by the home underwent a thorough safe recruitment process and were provided opportunities to contribute to the development of the home. People and their relatives were invited to provide their views on the care and treatment received formally through surveys.

At the last inspection in November 2017 we identified four breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this focused inspection we identified two continued breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate 

The service was not safe.

People did not experience consistently safe care and treatment and were not always protected from harm.

Some aspects of medicines management were not safe.

There were enough staff on duty and deployed across the home to meet people's needs safely and staff underwent a safe recruitment process.

People were protected from infection due to safe control measures within the home.

Is the service well-led?

Inadequate 

The service was not well led.

The provider did not have effective and robust auditing systems in place to identify and measure the quality of the service people experienced.

The provider had been working with other agencies with the aim of improving service delivery but not all improvements had been completed or sustained. The staff team were aware of their role and responsibilities when caring and supporting people.

People and their relatives were routinely asked their views on the care and support they received informally and formally.

Orchard Lodge

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 focused 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. We brought forward this responsive focussed inspection due to concerns about risk and safeguarding raised by external professionals and partner agencies. We wanted to check whether improvements had been made following the last comprehensive inspection.

This inspection took place on 8 and 9 January 2018. The first day was unannounced and the inspection team consisted of one inspector, a specialist advisor and an expert-by-experience. The specialist advisor had specialist experience in supporting people with a learning disability and/or complex health needs. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise included learning disabilities and people with complex health needs. The second day was announced and the team included of two inspectors and the same specialist advisor.

Prior to the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the manager about events that had occurred at the service. 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. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) as the inspection took place prior to the publication of the previous inspection report. A PIR 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.

Due to the nature of people's complex needs, we were not always able to ask people direct questions. However, we did chat with people in general and observed as they engaged with their day-to-day tasks and activities. We also spoke with three relatives, two registered nurses who were employed by the provider, two agency care staff, two permanent care staff, the manager and two area managers.

We spent time observing the care and support that people received in the lounges and communal areas of

the home during the morning, at lunchtime and during the afternoon. We also observed medicines being administered to people.

We reviewed a range of records about people's care which included six care plans. We also looked at three care staff records which included information about their training, support and recruitment record. We also reviewed 33 agency nurse experience and training profiles. We read audits, minutes of meetings with people and staff, policies and procedures and accident and incident reports and other documents relating the management of the home.

Is the service safe?

Our findings

The service was rated as Inadequate in the Safe section of our report in July 2017. At the last inspection in November 2017 we identified the service continued to be in breach of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the rating remained at Inadequate. This included concerns with how risks were managed by the provider on behalf of people living at the home to ensure safe care and treatment was consistently provided to protect them from the potential risk of harm. We also identified some new potential risks to people which meant the standard of care and safety offered to people had not improved sufficiently enough.

People's care records identified and assessed if a person was at risk of constipation. At the last inspection we identified poor care records in relation to a person who was at risk of constipation. At this inspection we identified this area of care had not improved. People who are at risk of constipation can experience a loss of appetite and become dehydrated therefore require specific care, support and treatment. This may include administering prescribed medicines to them. Care plans referred the reader to The Bristol stool chart (BSC). This is a diagnostic tool designed to classify the form of the human faeces into categories. People at risk of constipation had an associated bowel monitoring chart which was designed for staff to record the appropriate category in a box when supporting a person with this need. The bowel monitoring charts we read had been completed incorrectly by staff members. The entries made were not in relation to the BSC categories. Due to the lack of accurate records in place we queried how the nursing staff would be able to decide if a person needed 'when required' PRN medicines for constipation. For example, one person was prescribed 'when required' medicines due to their risk of constipation, however the guidance in place did not indicate or inform nursing staff when to administer such medicines and their associated bowel monitoring chart was completed without using the correct BSC categories. Another person's records stated they should be offered their 'when required' medicines for constipation after two days of no bowel movement. However, their associated bowel monitoring chart was completed without using referencing the correct BSC categories which meant staff would have been unable to use this as a guide to deliver safe care. A third person care plan described a medicine that had to be administered after three days of no bowel movement, yet the medicine was not listed on the person's Medication Administration Record (MAR). This meant the person may have gone without receiving their prescribed medicine when required. Whilst we found no evidence of actual harm to people or neglect of their bowel needs, the lack of clear guidance and care records placed people at an increased potential risk of not having their health needs met consistently. This was particularly relevant as Orchard Lodge supported people with complex communication needs who may not have been able to tell a staff member verbally if they were suffering with pain or discomfort. The home also regularly deployed agency staff who may not have been as familiar with people's needs and associated risks. We discussed this with the manager and area manager for their review who agreed the monitoring charts and associated medicines guidance had been completed by staff using the incorrect BSC categories.

People living at Orchard Lodge had various needs including complex physical disabilities. Most people needed staff to routinely apply prescribed topical creams which are preventative creams to avoid skin integrity issues. Care staff applied various creams whilst supporting people with their personal care. At the

last inspection we identified there was a lack of consistent guidance in place to ensure staff knew where and how to apply such creams and a lack of records completed to demonstrate people had received their creams. The provider wrote to us after the inspection and told us by 10 November 2017 all topical cream guidance for staff to use would be in place with an associated body map to state where the cream needed to be applied and a form completed by care staff after each application. At this inspection this area of care had not improved sufficiently. For example, one person's care plan stated they required the daily application of a topical cream. There was no record in place to demonstrate this had happened. We were told the person had the cream applied by care staff after they had a shower however there was no guidance in place for staff to refer to. We checked another two people's care plans and found reference to prescribed topical creams care staff should apply for the management of known skin conditions. However, there were no records completed by staff on a daily basis to inform other staff this had been carried out. Therefore there was a potential risk people would not receive their creams consistently as prescribed. This risk was increased due to the regular use of agency staff who may not be as familiar with people's needs and may not know how and when prescribed creams should be administered and recorded.

One person's care plan stated they required repositioning by two staff every four hours including throughout the night as they were at high risk of skin integrity issues. Care records described the person received treatment relating to skin integrity issues in September 2017. The registered nurse and other staff could not confirm the person was supported to move every four hours including throughout the night and in accordance with their care plan. Care notes held some information yet it was inconsistent and failed to demonstrate whether the person was having their moving and handling needs met. Another person was considered of high risk of pressure sores. Their care plan captured how staff should be supporting them to move regularly and yet there were no checks in place to ensure this had been carried out. This meant they were at risk of not receiving the correct care associated with their moving and handling needs. We fed this back to the management team for their review.

During the inspection we found other examples where staff supporting people failed to consider the support people required due to their complex physical and communication needs and placed them at risk of not having their needs met safely and in line with their care plan and best practice. On the second day of our inspection we observed people being supported to have their lunchtime meal. The registered nurse on duty was supporting one person. They positioned themselves behind the person they were supporting. The registered nurse failed to engage with the person to explain to them what was happening and the person was finding it difficult to see their food before eating it. We discussed this with the manager and area manager who told us the person required minimal assistance. They told us the person required encouragement and prompting with their food only as they could manage to hold their own cutlery and feed themselves and they would speak with the registered nurse. We checked what guidance was available to inform staff the support the person needed at mealtimes. The care plan completed by the provider made reference to the person needing supervision and prompting only, yet eating and drinking guidelines completed by a health professional in 2015 gave a description of how to place food in the person's mouth. Therefore the guidance available for staff was contradictory and may increase the risk of the person receiving incorrect support around mealtimes. We fed back our findings to the manager and area manager who told us they would review the persons care records associated with eating and drinking.

Some people living at the home required enteral feeding and had a percutaneous endoscopic gastrostomy (PEG) feeding tubes fitted. A PEG allows nutrition, fluids and medicines to be put directly into the stomach, bypassing the mouth and oesophagus. We observed one person who was receiving their meal through their PEG tube. Their wheelchair was positioned in an upright position which caused their head to stoop and their arm to hang over the side of their wheelchair. The staff we spoke with seemed to be unaware their chair could be slightly tilted back and could remain in this position during them receiving their meal through their

PEG in line with their care plan. We spoke with the registered nurse who adjusted the person's chair which meant their head and arm returned to a more neutral position. The same person's care plan stated they should be wearing wrist splints to help their muscle contractures. A muscle contracture is a tightening or shortening of muscles. The person was not wearing any wrist splints as stated within their care plan and the staff we spoke with were not aware they were supposed to. There was no record of the frequency of the person's splints being used. This, along with staff lack of knowledge of this equipment, demonstrated that the provider could not be assured that the person's equipment would be used consistently and appropriately as outlined in their plan of care to keep them safe and comfortable. We made the manager and area manager aware of this.

After the inspection the manager notified the Commission of a medicines error. An agency registered nurse had signed to state they had administered prescribed medicines to five different people over two days when they had not. The management team were alerted to the error and sought advice from people's GPs and raised the concern with the local West Sussex Safeguarding team. The agency registered nurse had completed medicine training. The provider had not completed a competency assessment to be assured that the nurse had the skills to enable them to carry out their role and responsibilities safely. People were placed at an increased risk from harm. We have discussed the lack of effective monitoring of staff skills, quality of care and safety further in the Well-led section of this report.

The above evidence demonstrates that not all was reasonably done to mitigate risks to service users. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Throughout the inspection we checked to see if there had been any lessons learnt and improvements made considering the service remained in special measures and been under continuous review by partner external agencies. Some people living at the home had 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) status. A DNACPR is a decision document which provides immediate guidance to those present on the best action to take (or not take) should the person suffer cardiac arrest. At the last inspection we found gaps in knowledge within nursing staff regarding the accuracy of a person's DNACPR status. The provider wrote to us to inform us the action they were taking. At this inspection we found the management team had addressed this. This included a new colour coded system which highlighted people's DNACPR status. This was captured within the staff handover file, so staff could see this at the beginning of each shift and an associated code red dot for those with a DNACPR and green dot for those without was positioned on people's wheelchairs and within their bedrooms. This meant staff had accessible information to guide them in the event of an emergency. Registered nurses were able to clarify they had accurate information and knowledge of people's current DNACPR status.

At the last inspection we identified further improvements were needed to how accidents and incidents were managed and made a recommendation about this. At this inspection we read the accident and incident file. Accidents and incidents had been recorded and reported by staff to the manager who then shared the information with external agencies such as the local authority. Staff had been trained in safeguarding and protecting adults and could name different types of abuse. They told us they would go to their line manager with any concerns about the people they supported. A staff member told us, "I would go to [named manager] or one of the nurses". Relatives spoke positively about the staff team and told us their family members received safe care. One relative said, "Very good (staff) I trust them". Incidents had been appropriately reported as safeguarding concerns. Further time was needed to ensure this practice continued to be sustained and embedded.

We spoke with registered nurses who confidently discussed how they administered medicines to people. Registered nurses were knowledgeable as to the reasons why people had medicines prescribed to them, any

known side effects and what to do in the event of any concerns. The recording system included a photograph of the person and information that was pertinent to them, this included any known allergies. Tablets were dispensed from blister packs and medicines administered from bottles or boxes were stored and labelled correctly. We observed that the Medication Administration Record (MAR) was completed on behalf of each person by the registered nurse on duty each time someone was supported to take their oral medicines. Oral medicines were administered by nurses only. We have discussed the lack of medicine systems auditing within the Well-led section of this report.

Orchard Lodge was split into three sections, Orchard East, Orchard West and the Boldings. There were 24 people living at Orchard Lodge at the time of the inspection. The provider was in the process of closing down one of the sections of the home, Orchard West. People from Orchard West were spending their days within other sections of the home with a view to moving permanently to them. Therefore our inspection was based observing care and support in Orchard East and the Boldings. There were twelve care staff and two registered nurses on duty. In addition there were two activities staff, a cook, domestic staff and maintenance staff on duty which enabled the care staff to focus on people's care needs. A manager and area manager were based at the home and attended to people's needs throughout the inspection. We observed there was enough staff available to respond to people's requests and support them within a timely manner. One relative said, "We have never seen someone calling out and staff not attending to them". Another relative said, "They (staff) come every ten minutes during the night. They give him a mat the alarm sounds if [named person] gets up". Orchard Lodge had to use agency staff, including agency registered nurses in order to fill permanent staff vacancies. However we remained concerned about the provider failing to ensure that all staff, including agency staff, had sufficient skills and competencies to undertake their roles. We have discussed agency nurse training and competencies within the Well-led section of this report.

Staff recruitment practices remained robust and thorough. Staff were only able to commence employment upon the provider obtaining suitable recruitment checks which included; two satisfactory reference checks with previous employers and a current Disclosure and Barring Service (DBS) check. Staff record checks showed validation pin number for all qualified nursing staff. The pin number is a requirement which verifies a nurse's registration with the Nursing and Midwifery Council (NMC). Recruitment checks helped to ensure that suitable staff were employed.

Environmental risks such as hoist equipment and wheelchairs were managed effectively through prompt and regular servicing. Infection control promoted a safe and clean environment. The home was well maintained, decorated and furnished in a style appropriate for the people who used the service. Separate domestic staff were employed and regular cleaning took place. Equipment was seen to be readily available that promoted effective infection control such as antibacterial hand wash, disposable gloves and clinical waste bins. A relative told us, "I have seen them (staff) wash their hands and always put gloves on".

Is the service well-led?

Our findings

At the inspection in November 2017 we found there continued to be inadequate systems in place to assess, monitor and improve the quality and safety of the services provided to people. The provider had failed to identify the areas of poor care we found at the last inspection. This included the potential risks to people's safety due to gaps in care records and poor staff knowledge about people's care needs. Due to the significant concerns identified we wrote to the provider shortly after the November 2017 inspection and asked them to tell us urgently how they would keep people safe. They sent us an action plan to tell us how they would make the urgent and necessary improvements to protect people from harm. We used as this action plan as the focus of this inspection. The provider had told us all actions would be implemented by the end of November 2017.

At this inspection whilst we found some areas had improved, we remained significantly concerned about the poor and inconsistent care provided to support people with their complex physical and communication health needs. This included the increased risks posed to people who were fully reliant on staff to support them with their moving and transferring needs, skin integrity and continence needs. We have given further details of these concerns in the Safe section of this report. These areas had not been identified by the provider prior to this inspection.

After the last inspection we wrote to the provider as we remained concerned about the lack of effective monitoring to check all agency registered nurses had received essential training specific to meet the needs of the people they were regularly supporting. They wrote to us and told us by 24 November 2017 they would have addressed this. They also told us clinical tutors employed by the provider would have given the agency registered nurses competency assessments. At this inspection we asked the manager what improvements had been made to assess the skills, competency and training the agency nurses had achieved. They told us they had held discussions with all agencies they used to ensure nurses with the appropriate training were sent to the home to support people.

During the inspection they provided us with training and experience profiles for 33 of the agency registered nurses who were used by the home. However, the training profiles did not confirm the agency registered nurses the home regularly used had attended all the training in those specific areas required. For example, 23 had not received training to support people with PEG feeding, 16 had no record of any epilepsy training and 25 had no entries for any learning disability training. There was also no record to confirm that any agency nurses had received competency assessments. We were unable to speak with agency nurses during the inspection to confirm their competencies; however rotas checked confirmed they were being used regularly throughout the week. The manager said that not all the agency nurses within the list presented to us were still being used and sent us a revised list after the inspection. They also told us some competency assessments had been completed with agency registered nurses, but these had not been recorded.

Due to lack of effective monitoring in place to assess the skills and competencies of agency nurses people with complex healthcare needs remained at risk of receiving incorrect care and treatment from staff who may not have had the sufficient skills to meet their needs. A check carried out by an area manager presented

to the Orchard Lodge management team on 20 November 2017 stated, 'Agency profiles to have evidence of the training required for them to work safely with the service users in the home'. A two week timescale had been provided for completion. This had not been completed therefore potential risks remained for people with complex health needs who received care from agency registered nurses who may not have had the knowledge and skills to support them safely. There was a further increased risk due to the concerns about clear and consistent guidance available in care plans, which we have highlighted in the 'Safe' section of this report.

The provider did not complete effective monitoring to check if people's medicines were safely managed. Checks that were carried out failed to highlight gaps within the records which were used to confirm whether people had received their topical creams as prescribed. This increased the risks of people not receiving the correct skin integrity care. Monthly medicine audits carried out in November and December 2017 were limited in the information they provided and made no reference to gaps within prescribed topical cream records. We have elaborated on this and a medicines administration error further in the Safe section of this report.

There continued to be inadequate systems and processes in place that operated effectively to make sure met the requirements of the regulations. The provider failed to assess, monitor and improve the quality and safety of the services people experienced. The provider failed to assess, monitor and mitigate the risks relating to health, safety and welfare of service users. The provider failed to maintain an accurate and contemporaneous record in respect of each service user. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The quality of care people experienced had been under continuous review by CQC and other partner agencies. This was because of safeguarding concerns raised and police enquiries being made into historical deaths at Orchard Lodge and other locations operated by Sussex Health Care. The CQC had undertaken inspections at a number of Sussex Health Care locations in the months preceding and had raised common themes of concern and breaches of legal requirements associated with safe care and treatment, staffing, safeguarding, person-centred care and good governance.

The manager and both area managers provided examples of how the provider was trying to make changes to ensure information and best practice was shared to drive improvements for people using their services. For example, shortly after the inspection the provider's director of quality wrote to us and told us about a new quarterly quality meeting programme. This involved the monitoring of incidents which had occurred across the providers locations, including Orchard Lodge. They told us the new quality team would be analysing incidents and sharing any new lessons learnt with all home managers for them to cascade to their staff teams. Whilst we recognised the action the provider was taking, these systems were not yet embedded. Further time was needed to evidence how this practice would be sustained consistently over a period of time to ensure safe care and treatment was being delivered and having a positive impact on people living in the home.

On the 1 November 2017 amendments to the Key Lines of Enquiry (KLOE) came into effect with five new KLOE and amendments to others that all regulated services are inspected against. The manager and both area managers told us this was routinely discussed at manager meetings to ensure everybody had sufficient understanding of how to demonstrate they were working in accordance with new KLOE. The provider had a number of projects in development. This included the introduction of the National Early Warning Score (NEWS). This is a standardised system for recording and assessing baseline observations of people to promote effective clinical care. This was introduced after an allegation was made that the staff did not respond to a person becoming acutely unwell quickly enough. At this inspection we found peoples care

records included a baseline for what a person's temperature, pulse rate and oxygen saturations should be and what actions nurses should take if physiological checks were outside of the person's baseline and their health deteriorated further. We found registered nurses were involved in the system and were using it in practice when people became unwell. For example, one person recently experienced poor health. Care records demonstrated how registered nurses had detected early changes in their physical health and had contacted the GP for support and guidance. After the incident a senior clinical manager employed by the provider had carried out checks to ensure the correct health care action was taken at the time by registered nurses. The checks ensured that the correct care and treatment had been provided.

Orchard Lodge had not had a registered manager since April 2017. Since that time the service did not have stability of leadership as there were two managers who took up the post and applied to become the registered manager but later withdrew their applications and left the position. The manager at this inspection was the deputy manager at the last inspection in November 2017 and they were in the process of applying to become the registered manager. Relatives spoke mostly positively about the support their family members received from the management team. One relative said, "They are nice". But added, "The only thing is I would like more outings", for their family member. Another relative said, "Very good". A third relative said "Caring staff they can't be faulted" but added they found it difficult to answer about the management as they said there had been many changes. Relatives were provided opportunities informally to share their views on the care provided. This included when they visited their family members or formally within care plan reviews and questionnaires. These were routinely sent out from the providers head office on a monthly basis. The ones we read were all positive.

The management team used a 'hands-on' approach and the care staff we spoke with felt supported by them. We read minutes to monthly resident meetings whereby people had been provided opportunities to give feedback and discuss whether they were satisfied with how the home was run. This included choices surrounding the meals and activities provided. People and their relatives were also invited to attend care plan reviews where specifics relating to their own care were discussed with the provider and other appropriate health and social care professionals such as a social worker.

Staff were aware of their role and responsibilities when caring for people living at the home. They knew the home had been going through a period of continuous monitoring by external agencies and the pressure the service had been under. One staff member told us morale though was, "better" and added they, "feel as if we are going forward" and "everybody is making an incredible effort". Staff were provided with opportunities at staff meetings and supervision sessions to make contributions about how the home was developed and any other matters relating to the management of the home.