Runwood Homes Limited

Orchard Blythe

Inspection report

Wingfield Road
Coleshill
Birmingham
B46 3LL

Tel: 01675467027

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Orchard Blythe on 2 March 2016. The inspection visit was unannounced.

Orchard Blythe provides accommodation for older people and people with a diagnosis of dementia in a residential setting. There were 46 people living at the home when we inspected the service. People were cared for in four different units at the home over a single storey building.

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

The manager and staff understood their responsibilities under the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. The manager had made applications to the local authority where people's freedom was restricted in accordance with DoLS and the MCA.

Staff received training in safeguarding adults and were able to explain the correct procedure to follow if they had concerns. All necessary checks had been completed before new staff started work at the home to make sure, as far as possible, they were safe to work with the people who lived there.

Each person had a care and support plan with detailed information and guidance personal to them. Care plans included information on maintaining the person's health, their daily routines and preferences. We found people were supported with their health needs and had access to a range of healthcare professionals where a need had been identified. There were systems in place to ensure that medicines were stored and administered safely.

The manager and staff identified risks to people who used the service and took action to manage identified risks and keep people safe. People were encouraged to eat a varied diet that took account of their preferences and where necessary, their nutritional needs were monitored.

There were enough staff employed at the service to care for people safely and effectively. New staff completed an induction programme when they started work to ensure they had the skills they needed to support people effectively. Staff received training and had regular meetings with their manager in which their performance and development was discussed.

Care staff treated people with respect and dignity, and supported people to maintain their privacy and independence. People made choices about who visited them at the home. This helped people maintain

personal relationships with people that were important to them.

People were supported in a range of activities, both inside and outside the home. Staff were caring and encouraged people to be involved in decisions about their life and their support needs. People were able to make decisions about their environment and choose how their personal space was arranged.

People who used the service and their relatives were given the opportunity to share their views about how the service was run. People knew how to make a complaint if they needed to. Complaints received were fully investigated and analysed so that the provider could learn from them. The provider acted on the feedback they received to improve their service.

Quality assurance procedures were in place to identify where improvements were needed. Where issues were identified the provider acted to make the necessary changes to its service. There was a culture within the home to learn from accidents, and incidents and to continuously improve the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe living at the home. People were protected from the risk of harm or abuse as staff knew what to do if they suspected abuse. Staff identified risks to people who used the service and took appropriate action to manage risks and keep people safe. Staff had been recruited safely and there were enough staff available to meet people's needs and spend time with people. Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff completed induction and training so they had the skills they needed to effectively meet the needs of people at the home. Where people could not make decisions for themselves, people's rights were protected because important decisions were made in their 'best interests' in consultation with health professionals. People received food and drink that met their preferences and supported them to maintain their health.

Is the service caring?

Good

The service was caring.

Staff were friendly and people appeared comfortable in their company. Relatives spoke positively about the care and support received by their family member. People's privacy and dignity were respected and people were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

People were encouraged to take part in activities and follow their interests. Care plans provided staff with the information they needed to respond to people's physical and emotional needs. People and their relatives were involved in the development of care plans which were regularly reviewed. People were able to

make complaints about the quality of the service which were analysed to identify areas where the service could be improved.

Is the service well-led?

Good

The service was well led.

The manager and staff were approachable and there was a clear management structure in place to support staff. The manager was accessible to people who used the service, their relatives, and members of staff. There were systems in place so people who lived in the home could share their views about how the home was run. Checks were carried out to identify any areas where the quality of the service could be improved. There was a culture within the home to learn from accidents, and incidents and to continuously improve the service provided.

Orchard Blythe

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 2 March 2016 and was unannounced. The inspection was conducted by two inspectors.

We reviewed the information we held about the service. We looked at information received from statutory notifications the provider had sent to us and commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority who provide support for people living at the home.

We spoke with seven people who lived at the home and two people's visitors or relatives. We spoke with three care staff, an activities co-ordinator, a volunteer and the cook. We also spoke with the registered manager, two team leaders and a visiting health professional.

Many of the people who lived at the home were not able to tell us in detail, about how they were cared for and supported because of their complex needs. However, we used 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 a range of records about people's care including four care files. We also looked at other records relating to people's care such as medicine records and fluid charts that showed what drinks people had consumed. This was to assess whether the care people needed was being provided.

We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service. We also looked at personnel files for three members of staff to check that safe recruitment procedures were in operation, and that staff received appropriate support to continue their professional development.

Good

Is the service safe?

Our findings

There was a relaxed and calm atmosphere in the home and the relationship between people and the staff who cared for them was friendly. People did not hesitate to ask for assistance from staff when they wanted support. This indicated they felt safe around staff members. People told us, or indicated to us with smiles and hand gestures when asked, they felt safe at the home. One person told us, "I feel very safe", they added, "It's so nice here and there is always someone to talk to and always someone to put your mind at rest." Another person said, "I don't think there is anything I could worry about here."

People were supported by staff who understood their needs and knew how to protect people from the risk of abuse. Staff attended safeguarding training regularly which included information on how they could raise issues with the provider and other agencies, if they were concerned about the risk of abuse. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager, or the provider, if they had concerns about anyone's safety. One staff member said, "If I noticed anything of concern I would intervene straight away, make sure the person was safe, and report it to the manager. If I was concerned about the manager not acting on the information I would escalate my concerns to the provider or other agencies." They added, "I have not witnessed anything of concern here though. I am confident the manager would act straight away if there were any concerns."

We found the provider notified us when they made referrals to the local authority safeguarding team where an investigation was required. They kept us informed with the outcome of the referral and any actions they had taken.

The provider's recruitment process ensured risks to people's safety were minimised because the provider checked staff who worked at the home were of a suitable character to work with the people there. Staff told us, and records confirmed, they had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

The manager had identified potential risks relating to each person who used the service. Care plans had been written to instruct staff how to manage and reduce the potential risks. Risk assessments we reviewed were detailed, up to date and were reviewed regularly. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing. For example, one person needed assistance to move around. There were plans which informed staff how the person should be assisted including the number of staff required to support the person safely and the equipment staff should use. We observed staff following risk management plans. Staff confirmed they referred to the information in risk assessments and care records to manage risks to people. We were given consistent, detailed information by staff on the risks facing individuals.

The provider had taken measures to minimise the impact of some unexpected events happening at the home. For example, emergencies such as fire and flood were planned for so that any disruption to people's

care and support was reduced. This was to ensure people were kept safe and received continuity of care. There were clear instructions for staff to follow in the event of any emergency at the home. One staff member told us, "One person had a fall an injured themselves recently, we made sure the emergency procedure was followed, the person was checked immediately for any injury and we called the emergency services. Everything else we are doing goes on hold."

People told us they thought there were enough staff to care for them effectively and safely during the day and at night. We observed there were enough staff during our inspection visit to respond to people's requests for assistance straight away. For example, one person asked a member of staff to prepare them some toast and jam. The staff member immediately prepared the food for them. Another person gestured that they wanted to get up, and a staff member immediately offered them assistance with a walking frame. We observed that members of staff were available in the communal areas of the home to offer people support throughout our inspection visit. Staff had time to sit and talk with people. One person said, "It doesn't matter who passes [staff] they always make time to talk to you."

We asked staff whether they felt there were enough staff at the home to meet people's needs safely during the daytime and at night. They told us there were enough staff. We saw that in addition to the care staff on shift, there was the manager available to cover care duties at the home when needed. Other staff members worked alongside care staff, such as activities co-ordinators, cleaners and kitchen assistants. This meant care staff could concentrate on providing care and support to people who lived at the home.

We asked the manager how they ensured there were enough staff to meet people's needs safely. They told us staffing levels were determined by the number of people at the home and their support needs. We saw each person had a completed assessment in their care records to determine how much support they required. The provider and manager used this information to determine the numbers of staff that were needed to care for people on each shift. We asked the manager about the number of staff vacancies at the home, they told us there was only one vacancy at the home which was for a deputy manager. Recruitment for this role was underway.

Medicines were managed safely and only administered by staff who were trained and continually assessed as competent to do so. Medicines were stored safely and securely in line with best practice and manufacturers guidelines. Administration records showed people received their medicines as prescribed. We asked people whether they received their prescribed medicines when they needed them. People told us they did.

Medicines were delivered by the pharmacy in named, sealed pots, with an accompanying medicines administration record (MAR) and a picture and description of each medicine. Each person's MAR included their photo, the name of each medicine, the frequency and time of day it should be taken, which minimised the risks of errors. Daily and monthly medication checks were in place to ensure medicines were managed safely and people received their prescribed medicine.

Some people required medicines to be administered on an "as required" basis. There were detailed protocols for the administration of these types of medicines to make sure they were given safely and consistently. For example, in one person's records we saw staff should look for specific facial expressions and body language to indicate if the person was in pain, as the person was unable to tell staff whether they were in pain. Staff told us they administered the medicines based on whether the person needed to receive them. We observed staff following these protocols.

Good

Is the service effective?

Our findings

People told us staff had the skills they needed to support them effectively and safely. One person said, "Yes, we are well taken care of." A relative said, "The staff here are exceptionally good." We observed staff used their skills effectively to assist people at the home. For example, some people at the home had limited language skills. Staff used their knowledge and communication skills to understand the wishes of people at the home. They communicated with people by speaking with them at eye level and watched people's expressions to understand their wishes.

Staff told us they received an induction when they started work which included working alongside an experienced member of staff, and training courses tailored to meet the needs of people who lived at the home. The induction training was based on the 'Skills for Care' standards and provided staff with a recognised 'Care Certificate' at the end of the induction period. Skills for Care are an organisation that sets standards for the training of care workers in the UK. This demonstrated the provider was following the latest guidance on the standard of induction care staff should receive.

Staff told us the manager encouraged them to keep their training and skills up to date so they could support people at the home effectively. One staff member told us, "Our training is regularly updated and we are reminded to attend by the manager." We saw the manager maintained a record of staff training and staff performance, so they could identify when staff needed to refresh their skills. The manager told us the provider supplied and funded regular training sessions to develop staff skills to support people at the home, for example, training in dementia care. One staff member confirmed, "The provider encourages us to keep our training up to date. Training and the time for this is funded by the company." The manager and provider also invested in staff's personal development. This was to support staff in furthering their career at the home. Staff told us they were supported to achieve nationally recognised qualifications. One staff member commented, "I'm being supported by the provider to achieve a recognised qualification. This is something I will have achieved and can take with me wherever I work." Another staff member said, "If we want support to attend any training, we just mention it and you can go."

Staff told us they had regular meetings with their manager where they were able to discuss their performance and identify any training required to improve their practice. They also participated in yearly meetings where they were set objectives for the following 12 months and their development plans were discussed. Staff told us they found the meetings helpful with one staff member explaining, "I can raise any issue and discuss my training needs. I also get feedback on my performance which I find constructive and supportive."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

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

The manager was able to explain to us the principles of MCA and DoLS, which showed they had a good understanding of the legislation. In the records we reviewed we saw the manager had undertaken mental capacity assessments, to determine which decisions each person could make for themselves and which decisions should be made in people's best interests. People or their representatives, had signed to say they consented to how they were cared for. Decisions that were made in people's best interests were recorded, for example, where people did not have the capacity to agree to live at the home recorded decisions had been made in consultation with a team of health professionals. In addition, the manager reviewed each person's care needs to assess whether people were being deprived of their liberties. Three people had a DoLS in place at the time of our inspection visit, nine were awaiting approval by the local authority, these demonstrated the manager had made the appropriate assessments in accordance with the MCA.

People told us care staff asked for their consent before proceeding with assisting them. One person told us, "Staff always ask me before they do anything." We saw care staff followed the code of conduct of the MCA by asking people whether they wanted assistance before supporting them. For those people who were unable to communicate verbally, staff maintained eye contact and watched the person's facial expression and body language, to understand whether they consented to support. Care staff told us they had received training in the MCA and DoLS and were able to explain the principles associated with the Act. One member of staff said, "[Name] is not able to make decisions themselves, so if they don't want us to do something for them, we need to check this with a senior member of staff, we can't just go ahead."

All of the people we spoke with told us they enjoyed the food on offer at the home. One person told us, "The food here is really nice." They added, "Today we had the roast chicken dinner." Another person said, "The food is absolutely beautiful." A third person said, "Excellent." We observed a lunchtime meal during our inspection visit. There were a number of dining areas available for people to use. The dining rooms were calm, and there was a relaxed atmosphere. Tables were set with flowers, table mats, cutlery and condiments to make the mealtime experience enjoyable. People told us they could choose where to eat their meal, either in the lounge areas, dining areas, or in their room. We saw people could choose where they wanted to sit and who they sat with. People who were sitting together were served their meals at the same time. Where people needed assistance to eat their meal, staff assisted people at their own pace and waited for people to finish before offering them dessert or second helpings.

People told us they were offered a choice of meal each day before their meal was prepared. We saw a menu was on display in the dining room which showed pictures of the meal choices on offer. Some people who could not make a decision about what they wanted to order, were shown plated meals to choose from. This enabled people to make a visual choice according to their preference. One staff member told us, "We now show people the meal choices so that people can choose what they fancy." They added, "If people don't like the food choices we can always prepare an alternative." People confirmed this, one person said, "I had egg and chips yesterday because that's what I wanted." We saw staff asked people what they preferred during the mealtime and people were served according to their individual preference.

Kitchen staff knew the dietary needs of people who lived at the home and ensured they were given meals which met those needs. For example, some people were on a soft food diet or fortified diet (where extra calories are added such as cream or butter). Information on people's dietary needs was kept in the kitchen and where the food was served to people. The information was up to date and included people's likes and dislikes. One member of staff said, "We are always informed of any specialist dietary requirements by the

team leaders. There is a list for us to refer to when we serve people their meals."

People told us there was always plenty to eat and drink and they could request anything they wanted. Food and drinks were available throughout the day to encourage people to eat and drink as much as they liked. We saw fruit, biscuits and drinks were available throughout the day in the dining areas of the home, in the café area, and in several kitchens around the building. One person confirmed, "We can help ourselves to cakes and snacks, as well as drinks in the café and kitchen areas." We observed people and their relatives helping themselves to drinks and snacks throughout our inspection visit. This assisted people to maintain their nutrition and hydration.

Staff were able to respond to how people were feeling and to their changing health or care needs because they were kept updated about people's needs. There was a handover meeting at the start of each shift attended by care staff and care coordinators where any changes to people's health or behaviour was discussed. Information was written down in a handover log, so that each member of staff could review the information when they started their shift. One member of staff said, "The handover is really useful and detailed. We make sure this happens at the start of each shift to inform staff of any changes in people's health and care needs." We reviewed a recent handover record which showed each person's care and support needs were discussed.

A member of staff told us, "The staff act really quickly if people's health changes. When we notice an issue we make a referral to a health professional to seek support. For example, if someone was coughing or losing weight we would refer them straight away to the speech and language team."

Staff and people told us the provider worked in partnership with other health and social care professionals to support people's needs. Care records included a section to record when people were seen or attended visits with healthcare professionals so that any advice given was recorded for staff to follow. Records confirmed people had been seen by health professionals when a need had been identified, these included their GP, speech and language therapists, and chiropodists. One person confirmed, "The GP visits me regularly." The manager told us the district nursing team and GP visited the home when a need was identified. The GP also visited the home each Wednesday for a regular surgery. The manager said, "When anyone needs to see the district nurse or the doctor we just make a call and ask them to come in. They would come in daily if needed." The GP confirmed, "Staff are proactive and contact the surgery when required."

We found that care records were updated following the advice of health professionals and people were receiving the care they needed. For example, we saw one person's medicine had been changed, this had been provided and updated in their records straight away. We spoke to a visiting GP on the day of our inspection visit. They said, "Staff respond appropriately to advice and carry this through."

Good

Is the service caring?

Our findings

We asked people if they enjoyed living at Orchard Blythe. They responded with smiles and said they did. Comments included, "I would recommend it to anyone." "I love it here." "The staff are all very friendly and caring." "I am well looked after in this place," "We have a good laugh together."

Relatives also told us staff were kind and caring. One relative said, "The care given to people is excellent. My relation is always telling me how kind the staff are." This view was supported by a visiting health professional who said, "People are well cared for."

We observed the interaction between the staff members and the people for whom they provided care and support. We saw staff treated people in a kind and respectful way and knew the people they cared for well. Staff greeted people when they came into a room. People smiled, laughed and chatted with their visitors, staff and each other. Staff held hands with people to offer them reassurance and support. One member of staff told us, "We really do care about the people here."

People were treated with respect and dignity. Staff referred to people by their preferred name and staff asked people's opinion and explained what they were doing when assisting them. For example, we observed one person being assisted to move by two members of staff from their wheelchair to an arm chair. The person was assisted to move using a hoist. Staff explained to the person how they intended to assist them and waited for the person to respond before proceeding. The person was moved safely.

People and their relatives were involved in planning their own care and where possible people made decisions about how they were cared for and supported. For example, people had been consulted about how they wanted their care to be delivered according to their religious and cultural backgrounds, for example, whether they attended religious services at the home or had specific food preferences. We saw people were invited to, and could join in, multi-denominational services which were held weekly. This helped people to maintain their religious beliefs in accordance with their wishes.

People were able to spend time where they wished, and were encouraged to make choices about their day to day lives. Staff respected the decisions people made. For example, we saw one person decided to get up late and have a late breakfast. Another person decided to have their main meal later in the day.

We observed a number of bedrooms at the home. We saw these were arranged differently depending on the person's wishes. There were ornaments and photographs of family and friends, personal furniture and their own pictures on the walls. People told us they had been involved in choosing the decoration and furniture in their rooms. One person told us, "I really like my room and having my own things around me."

Each person had an individual front door to their room. Doors had pictures of the individual, or of items or events they remembered, to assist them in locating their room and to make the environment more personal. We saw people's privacy was respected. Some people had keys to their rooms and were able to lock their bedroom door when they wished. Staff knocked on people's bedroom doors before announcing themselves.

We saw people's personal details and records were held securely at the home. Records were filed in locked cabinets and locked storage facilities, so that only authorised staff were able to access personal and sensitive information.

Care plans were written from the person's perspective, so staff understood their needs and abilities from the individual's point of view. Care plans included a personal profile, entitled, 'My Life Story'. The profile included a brief history for each person and details about their preferences, likes, dislikes and people who were important to them. People's relatives were encouraged to share their memories of their relation, so staff could get to know them better.

There were a number of rooms, in addition to bedrooms, where people could meet with friends and relatives in private if they wished. People made choices about who visited them at the home and were supported to maintain links with friends and family. People and their visitors were offered drinks and snacks and used communal areas of the home which helped to make them feel welcome. A relative told us, "The home is always beautifully clean and tidy. We are always made to feel very welcome and part of the family."

Good

Is the service responsive?

Our findings

Staff had a friendly and caring approach to people and were responsive when they requested support. We observed staff offering people support with personal care immediately when people requested assistance. One person told us, "There are always staff around to support you or sit and chat." Another person said, "The staff make checks throughout the night and come immediately if you ring the bell."

People and their relatives told us they were involved in making decisions about their care and how support was delivered. As part of the care planning process people's care needs were assessed and information was collected about what the person was able to do themselves and where they required support. This helped staff tailor care around the abilities of each individual.

Care plans were available for each person who lived at the home which contained detailed information and guidance personal to them. Records gave staff information about how people wanted their care and support to be delivered. One person told us, "Staff discuss with me what I want, my likes and dislikes." For example, records contained details about people's life history, individual preferences such as when people wanted to get up and go to bed and their food likes and dislikes. This information helped staff to support people as they wished. Care reviews were undertaken monthly by staff so that people's care records reflected their current support needs. Reviews also took place each year with the person and their representatives to ensure people continued to be involved in making decisions about their care and support needs.

The home employed a number of staff to support people to take part in activities, their hobbies and interests. There was an activities coordinator and two volunteer members of staff who attended the home several days per week. A volunteer told us they enjoyed spending time with people and the staff, saying "I really feel part of the team here." In addition care staff also supported people with activities and attending planned events. One relative told us, "The activity programme is good. My relation has really benefited from the stimulation provided by the staff, volunteers and visiting entertainers."

People were supported to take part in activities which they enjoyed, according to their own personal preferences. One person told us, "I enjoy the baking." Another person said, "There are always plenty of activities available. I especially enjoy people coming in to entertain us and playing bingo." A visiting health professional told us, "When we visit there seem to be plenty of activities available, residents are stimulated." During our inspection visit we saw care staff supporting people to take part in a group activities, some people played dominoes in a communal area of the home, other people took part in craft making as well as individual one to one activities. Staff engaged people in discussions wherever they could.

We asked the activities coordinator how people were involved in choosing the activities and events on offer at the home. The activity coordinator told us, "We spend time with residents talking about what they would like to do and looking at life histories. This helps us plan activities and events." They added, "We try to arrange group and individual activities to ensure everyone has an opportunity to participate." We saw people's care records reflected the information and interests the coordinator had provided. We also saw

people were invited to take part in regular meetings at the home where activities and events were discussed and planned. On the day of our inspection visit we saw a list of planned activities was on display at the home so people could plan what events they might enjoy attending. This included trips out and about in the local community and entertainers visiting the home. This showed the activities were organised to suit the people who lived there.

There was information about how to make a complaint and provide feedback on the quality of the service in the reception area of the home. People and their relatives told us they knew how to raise a concern or provide feedback to staff members or the manager if they needed to. People told us if they did need to complain they knew it would be dealt with appropriately. However, all the people we spoke with told us they had no complaints. One person said, "There is nothing to complain about." Another person told us, "I have never had to complain as staff here have respect for elderly people." In the complaints log we saw that where the provider or manager received any negative feedback, they dealt with this as part of their complaints process. Previous complaints had been investigated and responded to in a timely way. For example, following feedback regarding the bathroom area, the manager had organised for this to be refurbished. This showed the manager acted to improve the quality of their service following people's feedback.

Good

Is the service well-led?

Our findings

There was a registered manager at the service. People and their relatives told us the home was well led by the manager. Comments included, "Orchard Blythe is a wonderful place, it's excellent." Another person commented, "There is nothing about living here that is not good."

People and staff told us the manager was accessible and approachable. One person said, "The manager is very approachable, you can raise anything with them." Another person commented, "The manager comes around regularly and we can raise anything anytime." The manager operated an 'open door policy' and encouraged staff and visitors to approach them in their office. We saw people, visitors and staff approach the manager throughout the day during our inspection visit.

There was a clear management structure within Orchard Blythe to support staff. Staff members told us the manager was approachable and they felt well supported. One staff member told us, "The manager is very supportive and you can raise anything with them." Another staff member said, "If there are any issues with anything the manager's door is always open." The manager was part of a management team which included team leaders who were available on each shift. Care staff told us they received regular support and advice from managers and team leaders to enable them to do their work effectively. In addition, care staff confirmed there was always an 'on call' telephone number they could call outside office hours to speak with a manager if they needed to.

Staff understood the values and vision of the provider, putting people at the heart of what they did and treating people with dignity at Orchard Blythe. We observed information about the values and vision on display in the communal areas of the home. We observed staff acting according to the vision on the day of our visit, ensuring each person's choices and capabilities were respected and displaying a cheerful and upbeat attitude. One member of staff commented, "I really enjoy my role, we are very dedicated to the values of the organisation, which I think comes across when we are supporting people."

There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. The provider directed the manager to conduct regular checks on the quality of the service in a number of areas. For example, the manager conducted checks in medicines management, care records and health and safety. The manager also observed staff practice to ensure they were supporting people according to the provider's policies and procedures. The provider monitored the quality of the home through regular visits, during which they checked the manager's records, looked around the home and spent time listening to what people and visitors had to say about the service.

The provider's quality assurance system included asking people, relatives, staff and other health professionals about their experience of the service. A yearly quality assurance survey asked people what they thought of the food, their care, the staff, the premises, the management and their daily living experience. The provider took action to improve the quality of the service based on the results of the surveys. For example, in response to a recent survey the provider had recruited additional staff to assist with laundry duties at the home. People were encouraged to share their opinions about the service through

residents' meetings, relative's meetings and comment cards placed in the reception area of the home. The provider acted on the feedback they received at these meetings. For example, suggestions for activities were included in the activity schedule at the home.

Staff told us they were encouraged by their team leaders and the manager to work as a team to support each other. We saw staff interacted with each other well. One member of staff told us, "We all work together as a team. Morale is high." Staff told us the manager and provider listened to their feedback about how the home was run through monthly team meetings and meetings with their manager. One member of staff gave us an example of things that the manager had changed in response to staff feedback, saying, "We discussed the need for more kitchen support at breakfast time at one of our monthly meetings, we now have kitchen support on each unit at breakfast time."

The registered manager's role included checking that staff monitored and reported their findings to make sure appropriate action was taken when necessary and to minimise the risk of a re-occurrence. Records showed, for example, accidents and incidents were analysed by the individual affected, the time and location of the incident, the possible causes and the actions taken. Actions taken as a result of analysis included referring individuals to other health professionals, sharing information with relatives, the local safeguarding team and CQC.

The provider learnt from their experience and took action to improve the home. We saw there was an improvement plan in place at Orchard Blythe to re-furbish the home. Some improvements had already been made, including the introduction of a café and meeting area for people and their visitors to enjoy. One relative told us, "My relation really enjoys the café. It's a very nice space to use when we visit. The manager has also improved the outside facilities in the grounds recently so that there are more places to sit in the good weather." Other refurbishment plans included updating of some bathroom areas and flooring around the home.

The registered manager understood the responsibilities of their registration and notified us of the important events as required by the Regulations. They were proactive at keeping us informed of issues or concerns raised by relatives and other health professionals, in accordance with the provider's policy of openness and transparency. They sent us notifications about important events at the service.