Cedar Care Homes Limited

The Orangery Nursing Home

Inspection report

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Ratings

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

Overall summary

We carried out this inspection over two days on the 15 & 17 October 2014. At our last inspection in May 2013 no concerns were identified.

The Orangery Nursing Home provides accommodation for up to 40 people who require personal and/or nursing care. At the time of our visit there were 39 people living there. The Orangery has two floors each providing specialist care for people who require nursing and/or are living with dementia. Azalea wing which is on the ground floor provides personal and nursing care for people with or without dementia who have long term physical medical conditions. Gardenia wing which is on the first floor provides personal and nursing care for people who are living with dementia.

The home had recently appointed a new manager who was responsible for the day to day operation of the home. They were in the process of applying to become the registered manager of The Orangery. 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home manager was not present during our inspection.

Staff did not always receive effective induction and supervision. Records we reviewed for staff supervision meetings identified areas of improvement in staff working practices. Where objectives had been set, no actions had been identified as to what would be put in place to address these areas of improvement, such as training or mentoring. Where dates had been set to review these improvements, these were not until nine or twelve months later. This meant that if staff had not improved their working practices, this would not be identified until some- time after the initial meeting. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) 2010.

Induction workbooks we looked at had not always been completed. Some sections of the workbook had not been completed whilst other staffs work had not been marked. This meant that the manager had not signed staff as being competent following their induction period.

People's medicines were administered safely on Azalea wing. However on Gardenia wing we found that recording of medicines administered was not always accurate. The service had appropriate systems in place to ensure that medicines were stored correctly and securely.

People who were able to told us they felt safe living at The Orangery. Relatives told us they felt their family member was safe and well cared for. Staff we spoke with knew how to identify if people were at risk of abuse and what actions they needed to take to ensure people were protected.

Staff understood the needs of the people they were supporting. We saw that care and support was provided in a kind and supportive manner. People and their relatives spoke positively about the home and the care and support provided. There were two activity co-ordinators who provided activities such as flowering arranging, arts and crafts and trips out. Whilst there was a varied programme of social activities arranged, there was not a clear focus on stimulating or engaging people in provision. Care records did not always clearly identify the needs of people receiving care. This meant that up to date information about people's care and support was not always available. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2010.

People were supported to have sufficient to eat and drink throughout the day. Specialist diets were catered for where people required them.

The provider had systems in place to monitor the quality of the service provided. Staff were aware of the organisation's visions and values which was to 'make a happy household'. The operations manager had knowledge of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards is where a person can be deprived of their liberties where it is deemed to be in their best interests or for their own safety. The operations manager understood DoLS and where required had made applications to ensure people were supported appropriately.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not always safe.

People's medicines were not always managed so that people received them safely.

People and their relatives told us they or their relatives felt safe living at The Orangery.

The home had safeguarding and whistleblowing procedures in place. Staff were able to demonstrate they were aware of reporting concerns to reduce the risk of harm to people.

Is the service effective?

Requires Improvement

This service was not always effective.

Staff did not receive effective support and supervision. Induction records were not always completed and some staff had not received the appropriate training to carry out their role correctly.

People were provided with a choice of nutritious food. The chef explained that whilst there was a set menu each day people could choose to have something different if they did not want the meals provided. People who were at risk of poor nutrition were assessed using a screening tool.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Requires Improvement

This service was not always caring.

There was difference in the way that people were cared for on Azalea and Gardenia wings. The care we observed on Gardenia wing was not as positive as the care we observed on Azalea wing. We have spoken with the provider and asked them to take actions to resolve this.

We saw staff speaking with people in a friendly, polite manner. Staff told us how they respected people's privacy and dignity whilst carrying out personal care tasks.

People spoke positively about the care they received. All commented that staff were helpful and friendly. Visiting relatives we spoke with were all positive about the care and support for people using the service.

Care plan's provided guidance for staff on how to meet people's needs in a way which minimised the risk for the individual. Records contained information about what was important to each person living at The Orangery. People's likes, dislikes and preferences had been recorded.

Summary of findings

Is the service responsive?

Requires Improvement

This service was not always responsive.

Some formal and structured activities took place within the home. People we spoke with were happy with the range of activities on offer. However on the days of our inspection we observed that for some people there was no inclusion in activities or being occupied.

Some care plans were difficult to read and had not been updated as required. This meant that up to date information about people's care and support was not always available.

People received care, treatment and support when they required it. We observed staff interacting positively with people and responding to their requests for assistance in a timely manner.

People who used the service had a clear understanding of the complaints procedure. We saw records of recent complaints which had been responded to in a timely manner.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Staff did not always receive effective supervision and appraisal to manage their performance.

Residents' forum where people were consulted about improvements and potential changes were held. However the minutes of those meetings were unavailable during our inspection.

The provider had systems in place to monitor the quality of the service. This included audits that were carried out periodically throughout the year.

The Orangery Nursing Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on the 15 and 17 October 2014 due to concerns we had received. The concerns have been raised with the local authority safeguarding team who are currently investigating the issues raised. We spoke with eight of the 40 people living at The Orangery. We could not speak to some people due to them living with dementia. We therefore spent time observing people in the dining and communal areas. We spoke with five visiting relatives about their views on the quality of the care and support being provided. We used a number of different methods to help us understand the experiences of people who use the service. This included looking at documents and records that related to people's support and care and the management of the service. We looked at a range of records about nine people's care and support, staff training records, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices throughout the day.

This inspection was carried out by two inspectors. Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the operations manager, the chef, two nurses, seven support workers, the service co-ordinator and the activities co-ordinator. We also spoke with one of the operational directors.

Requires Improvement

Is the service safe?

Our findings

Records and procedures for the administration of medicines were in place on Gardenia wing. However we found that these were not always being followed. One person was to be given medicines covertly by being crushed finely and mixed with food. Covertly administration is where people are given medicines which are hidden in their food or drink due to problems with the person taking their medicine. The person will not be aware that they are taking their medicine. When asked staff could not locate documentation for the authorisation of covert medicines which is usually from a GP. There was also no evidence that the person or their representative had consented to this. One person was prescribed medicine to minimise constipation but there was no documentation to state that this had been given. Another person's care plan included the use of 'as required' medicines (PRN) for agitation. There was little guidance to inform staff of other measures to be taken to reassure the person and at what point the medicine should be given.

Records and procedures for the safe administration of medicines were in place and being followed on Azalea wing. Storage was safe and records were kept of storage temperatures to make sure they were within required limits. There were appropriate storage facilities and means to record controlled drugs prescribed to people living in the service. Some prescription medicines are controlled under the misuse of drugs legislation. These medicines are called controlled drugs or controlled medicines. Examples include morphine. There were safe systems in place for the storage of medicines until they could be disposed of.

Most people who received support with their medicines had an appropriate support plan in place, which detailed how they liked to take their medicine. We saw in one person's support plan that there were strategies to support them with taking their medicine due to swallowing difficulties. The person had been offered the medicine in a liquid form but they had declined this. These strategies were evaluated each month. On Azalea unit there was no one prescribed medicines taken as and when necessary (PRN). There had not been any medicine errors but nursing staff were able to explain what they would do should an error occur. Training records confirmed nursing staff had received training in the safe management of medicines. Nurses had responsibility for the administering of medicines.

People and their relatives on Azalea wing told us they or their relatives felt safe living at The Orangery. One relative said that they felt their relative received safe care. They told us "Staff's language can be difficult to understand sometimes but on the whole they understand very well. They make the effort to get to know (name of relative)." Another relative said "I have no concerns about the care my mother receives." On person living there said "The care is wonderful. They always come when I ask."

Staff on Azalea and Gardenia wing told us they had received training in safeguarding people and would raise any concerns to management. A nurse talked about how their training had made them aware of potential signs of abuse, such as changes in the person's behaviour or unexplained bruising. They said that whilst some bruising may be caused by medical conditions they would always carry out an investigation to ascertain the cause. They said they also would inform the manager. Staff showed a good understanding of the different types of abuse and were confident any concerns they raised would be dealt with. However records looked at showed that not all staff had received training in this area.

The provider had policies in place for safeguarding and whistleblowing which were available to staff. Records showed that where the provider had cause to report a safeguarding concern, correct procedures had been followed and appropriate action taken. Appropriate people had been informed such as the local authority safeguarding team and actions taken to ensure people's safety. A senior member of staff confidently described situations where local safeguarding procedures had been appropriately used to ensure people's safety.

Risks to people's safety had been assessed and recorded by the nursing staff. These had been personalised to each individual and covered areas such as personal care, risk of falling, risk of developing pressure ulceration and accessing the community. Each assessment had guidance for staff to follow to ensure people remained safe. These were reviewed monthly to ensure the information was still valid and nothing had changed. Staff demonstrated an understanding of these assessments and what they needed to do keep people safe. Staff explained that one person

Requires Improvement

Is the service safe?

who was at risk of falling still wanted to remain independent whilst in their room. Staff explained that when the person was attending to their personal care they would be available outside of their room should they require assistance. This was documented in the person's risk assessment.

Staffing levels were determined according to the needs of the people. There was flexibility within the team for staff to work across both floors at the home in order to meet people's needs. We observed staff responding quickly to call bells and people's requests. The staff told us there were enough staff to meet people's needs and we observed this on the day of our inspection. One staff member told us "We are a good team, I trust the people I work with."

Three staff who worked on Gardenia wing told us there were sufficient staff to meet people's needs although sometimes certain times of the day could be busy. One member of staff said late afternoon could sometimes be challenging, as people often became anxious or challenging. These people were given priority at these times, which could occasionally impact on others. Another member of staff said "having more staff would be great but everywhere would say that. We have enough staff to meet people's needs. We have a good team."

The manager told us in the Provider Information Return (PIR) that applications were thoroughly checked for gaps in employment and reasons for leaving past employment was part of ensuring a safe recruitment process. We looked at eight staff files which showed that people had undertaken a barring service (DBS) check or a police check if they had not been in the country for less than six months. The provider had also sought two references from previous employers.

Requires Improvement

Is the service effective?

Our findings

Staff did not always receive an effective induction. Induction workbooks we looked at had not always been completed. Some sections of the workbook had not been completed whilst other staffs work had not been marked. Where staffs work books had been marked there was no follow up identified when staff had got a significant amount of questions wrong. The manager had also not signed staff off as being competent following their induction period. This meant people were at risk of receiving care from staff that did not have the correct knowledge and skills to carry out their responsibilities.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are an amendment to the Mental Capacity Act 2005, which allow the use of restraint or restrictions but only if they are in the person's best interest. We spoke with staff who were aware of encouraging people to be involved with making day to day choices and decisions. This included people choosing what they wanted to eat, where they wanted to spend time and what clothes they would like to wear.

We reviewed the providers training matrix. Whilst most staff were up to date with training, there were gaps in appropriate training for some staff. For example not all housekeeping and domestic staff had undertaken training in infection control. Some nursing staff had not been on recent safeguarding training or the mental capacity act training. One kitchen assistant had not received training in food safety. Care staff had not attended any training in infection control or the safe handling of foods. This meant people could be at risk of receiving inappropriate care because staff had not undertaken the appropriate training. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) 2010.

People and their relatives spoke positively about the care and support they or their relative received. One person said "The staff are very helpful. They always ask before doing anything with me." A relative told us "The staff are very friendly and treat my husband with respect."

People were provided with a choice of nutritious food. The chef explained that whilst there was a set menu each day people could choose to have something different if they did not want the meals provided. People who were at risk of poor nutrition were assessed using a screening tool. People were also weighed monthly to ensure they maintained a healthy weight. Where people were assessed as being at risk, referrals had been made for nutrition specialists or a speech and language therapist where people had been identified of being at risk of choking. We saw guidance in one person's records which contained a nutritional plan on how best to support them due to their risk of choking. The plan included the person's likes and dislikes and where they preferred to eat their meal. Drinks were available throughout the day and people had jugs of juice or water available in their rooms.

People told us they liked the food served at the home. One person told us of an occasion when they were going out and their favourite meal was being served at dinner time. They asked the chef if they would save them a portion of their meal to have for their lunch the next day. The next day the chef had made them a fresh portion of the meal.

Staff had regular contact with visiting health professionals to ensure people were able to access specialist advice and treatment as required. The home contacted relevant health professionals GPs, district nurses and nutrition specialists if they had concerns about people's health needs. Records showed that people had regular access to healthcare professionals and attended regular appointments about their health needs.

Requires Improvement

Is the service caring?

Our findings

There was difference in the way that people were cared for on Azalea and Gardenia wings. The care we observed on Gardenia wing was not as positive as the care we observed on Azalea wing. This was highlighted to the provider at the end of the inspection.

In the Gardenia wing we observed staff supporting people to eat their lunch time meal. Staff sat beside those people who needed assistance to eat. They explained it was lunch time but did not consistently explain the contents of the meal. Each staff member loaded food on to a spoon and placed it to the mouth of the person they were supporting. They did not talk any further; ask the person if they were enjoying their meal or make any pleasantries or promote conversation. Staff assisted people generally in silence and when the meal was finished, they walked away without informing the person. One member of staff wiped a person's mouth without communicating this to them.

Whilst staff were friendly and caring in the way they spoke to people, some interactions were limited and did not promote involvement. One member of staff leant over and pointed to pictures in a book, which a person was looking at. The person responded well to the interaction but the staff member left quickly. Another member of staff sat beside a person and began a conversation. As they had sat down, it appeared they were planning to spend time with the person. However, the conversation was very brief and the staff member quickly got up and left the room. Throughout the morning, some staff walked into the lounge without acknowledging people. Other staff spoke briefly to some people. On each entry to the lounge, staff spoke to the same people. These people undertook some baking with the activities organiser later in the afternoon. Other people in the lounge sat quietly throughout the day, without any interaction. One person had consistent one-to-one staff support to ensure their wellbeing. Staff sat next to the person but did not talk or interact with them unless the person attempted to get up or required assistance to eat or drink.

When interaction with people did take place staff spoke in a friendly and polite manner. One person was supported to the lounge and asked where they wanted to sit. Staff encouraged the person to manoeuvre themselves back in their chair and ensured they were comfortable. They asked the person if they wanted a drink or if they needed anything else. Staff accompanied another person from the lounge to the dining area. They linked arms and chatted as they were walking. The person smiled and thanked the staff member as they sat down. Another person was struggling to do up their coat buttons. A member of staff noticed this and gave assistance whilst talking about the weather and giving the person compliments about the way they looked. Staff responded sensitively and kindly to a person who regularly repeated a phrase, which described a positive interaction in their earlier life.

Staff were attentive when asking people direct questions. Staff either knelt down in front of people or leant slightly towards them, whilst talking. When serving mid-morning dinks, staff gave people time and repeated the choices available. One person could not hear what a member of staff was saying to them. In response, the staff member moved to the person's other side, closer to them. They spoke clearly and asked "Is that better? Can you hear me now?" The person smiled and continued to express what they wanted. Some people thanked staff for their drink. Staff responded appropriately by saying "That's ok" or "you're welcome."

On the Azalea wing we observed staff supporting people to eat their lunch time meal. Staff were patient and polite when supporting people. However we observed one staff member who left the person they were supporting several times to carry out other tasks. Each time they did not tell the person that they were going or when they would be back. There was very little engagement from the staff member during the course of the meal. We observed another staff member who was supporting a person to eat their meal in the communal area. Again this was done with very little interaction to check if the person was alright.

We observed staff supporting one lady to transfer from her wheelchair to a chair in the communal area. Staff informed the person of what they were about to do and asked if they were ready. Once in the chair staff checked the person was comfortable and asked if they could put a pillow under their arm to offer some support.

On Gardenia wing relatives spoke positively about the care and support their relative received. One person told us they felt their mum was safe at the home and there was always staff around to help if needed. They said "Staff pop in to see that she is ok throughout the day." Another person told us they felt their family member was "In the best place and that "staff are fantastic."

Requires Improvement

Is the service caring?

On Azalea wing people and their relatives told us they or their relatives were treated with kindness and their dignity was respected. One person told us "Staff are always very respectful of me and my belongings." Another person told us "The staff are very helpful and kind." One person told us staff respected their choices they said "Sometimes I prefer not to call for the GP and staff respect my decision."

The people and relatives said they or their relative's dignity was respected by staff. One person told us "They always make sure they close my curtains and ask me before doing anything." We observed that staff knocked before entering people's room and addressed them by their preferred name.

A staff member explained how they respected people's privacy whilst carrying out personal care tasks. They said they would always close the person's bedroom door and ensure the person was covered with a towel to ensure their dignity. When providing personal care we observed staff closed doors and curtains were drawn.

We spoke with three staff about people's preferences and needs. Staff were knowledgeable about the people they supported. They were able to tell us what people liked and disliked and the care that they required. One staff member told us about a person who was unwell and the actions they were taking to try and support this person.

Records contained information about what was important to each person living at The Orangery. People's likes, dislikes and preferences had been recorded. There was a section on people's life history which detailed previous employment, hobbies and interests, religious beliefs and important people. Staff explained that information was used to support them to have a better understanding of the people they were supporting. People's preferences on how they wished to receive their daily care and support were recorded. One person explained that they did not like staff in their room whilst they were getting washed and dressed. This was clearly documented in the person's care plan.

People and their relatives said they were involved in making decisions about their or their relatives care. One person told us they had recently had a review meeting saying "It was all very open. Everyone is very approachable."

People's bedrooms were personalised and contained pictures, ornaments and the things each person wanted in their bed room. People told us they could spend time in their room if they did not want to join other people in the communal areas.

Requires Improvement

Is the service responsive?

Our findings

Prior to using the service people's health and social care needs were assessed to ensure the service was suitable and could meet their needs. Following the assessment nursing staff developed care plans personalised to each individual. We looked at various documents in nine people's care plans. Each person had a detailed care and support plan centred on their individual needs. These included details of what support were required, preferred routines and what the person could do independently.

Some of the care plans were difficult to read because of the handwriting style. Others had been written in 2012/2013 and some updates had been added to the evaluation section. This meant that up to date information was not always easy to find. There were particular needs which were not expanded upon within care plans. For example, one person had diabetes. Their plan stated their blood sugar levels had to be tested. However, the person responsible for this, the procedure and the parameters of the blood sugar levels for the person's wellbeing were not stated. Another person was prone to constipation which could affect their behaviours. There was no information about how this condition could be managed or minimised. Within another care plan it was stated "transfer using proper manual handling procedures" but it was not clear what this meant in practice.

Much of the evaluation sections of the care plans had been undertaken monthly and consistently stated, "remains the same" or "care plan still applies". There was little evidence that the care plans had been adjusted in response to further knowledge or alternative interventions. Documentation showed that people had been assessed in relation to their risk of falling, malnutrition and pressure ulceration. The assessments had been updated on a monthly basis. There were limited systems to evidence and evaluate the care, people received to minimise the risks. For example, one person had been identified as being at risk of dehydration and potential urinary tract infections. Staff confirmed this and it was recorded within the person's care plan and their daily records that they were often reluctant to drink and all intake should be 'accurately monitored'. We saw that the person was supported by staff to have a drink when the drinks trolley came round, but they did not have a drink available in front of them consistently. We asked staff how they monitored the person's intake. They said they encouraged the person to drink but it was often not easy. Staff confirmed that they did not document the person's fluid intake as per their care plan, so that it could be monitored and evaluated. This meant that staff were not aware of whether the person's care was sufficient in responding to the identified risks.

Whilst staff were addressing people's personal care needs well, limited focus was given to engagement or stimulation. This meant that some people remained seated in the same position for lengthy periods, either unoccupied or sleeping. This was not stimulating and also impacted on their risk of developing pressure ulceration. Throughout the first day of our inspection, two people were in the lounge on our arrival and were still in the same position at teatime. Another person was only moved during the late afternoon, as they had become agitated and were shouting loudly. Staff responded to this person's shouting but other than receiving drinks and their lunch time meal, they received little attention from staff during the day.

The systems in place did not ensure those people who required staff assistance to change their position, were effectively supported with minimising their risk of pressure ulceration. Another person remained in the same position on their back in bed, throughout the first day of our inspection. We asked staff how often they assisted the person to change their position. Staff gave us differing answers including "every two to three hours", "every three to four hours" and "they get moved at mealtimes". The person had a care plan titled "Pressure area management" but it was not specific. The plan did not detail repositioning requirements or pressure areas other than the person's sacrum. There were some entries within the daily records which stated "assisted to change position" or "repositioned 3/4 hourly". However, the entries were inconsistent and not specific or measurable. This meant that staff would not have known the time the person was last moved and the position they were in so could not respond effectively to the risks identified.

Three staff told us only one person was "on a food and fluid chart" and nobody had a repositioning chart. They said people would have various charts if a specific risk had been identified, if they were losing weight or at the very end of their life. Where people had been assessed as being at risk, the absence of this monitoring did not enable staff to be responsive to people's needs and to adjust their care accordingly.

Requires Improvement

Is the service responsive?

During the first day of our inspection, one person was shouting loudly. They were in bed and due to their dementia, were unable to verbally communicate with us. Staff did not respond to the person's shouting. We asked one member of staff why the person was displaying this behaviour. The member of staff shrugged their shoulders and said they did not know. We asked the staff member what they could do, to help the person settle. The staff member informed us they would inform the nurse on duty if they continued shouting. Another member of staff told us it was often difficult to detect what was wrong but it would be "trial and error." Two other staff told us the person was very vocal when they were happy and it would be a different sound, if they were distressed. There was not a plan of care in place, which described potential triggers of this person's shouting and how it should be responded to and managed.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2010.

There was a system in all bedrooms, which if switched on, used sensors to monitor movement. The sensors triggered an alarm which then alerted staff. Staff told us the system was used to minimise the risk of falls or to quickly identify if a person had mistakenly entered another person's room. Whilst talking to people, we inadvertently activated the alarms on two occasions. Staff responded to the alarms quickly, without delay. One member of staff told us "we always answer call bells or room alarms quickly as you never know what might have happened." We noted throughout our inspection that staff responded well to any call bells that were activated.

We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. We saw records of recent complaints which had been responded to in a timely manner. People had a clear understanding of the complaints procedure. One person told us "I have previously raised some concerns which were dealt with by the manager. They sorted the situation." A relative told us that they found the manager approachable and could raise concerns if they had any. The Registered manager told us in the Provider Information Return (PIR) that complaints were included in their regular audits to identify improvements.

Requires Improvement

Is the service well-led?

Our findings

The manager told us in the Provider Information Return (PIR) that staff received individual supervisions. However staff did not always receive effective supervision to manage their performance. Records we reviewed for staff supervision meetings identified areas of improvement in their working practices. Where objectives had been set, no actions had been identified as to what would be put in place to address these areas of improvement, such as training or mentoring. Where dates had been set to review these improvements, these were not until nine or twelve months later. For example one staff member needed to improve was their English. The supervision record did not identify whose responsibility this was and what actions were to be put in place to support the staff member to achieve this. This improvement was to be reviewed in twelve months' time. This meant that if staff had not improved their working practices, this would not be identified until sometime after the initial meeting.

The manager told us in the Provider Information Return (PIR) that the home had a residents forum where people were consulted about improvements and potential changes. We spoke with the service co-ordinator who confirmed these meetings took place. However, the minutes of those meetings were unavailable during our inspection.

In discussion with the provider, they said they sent a yearly quality assurance survey to family members. This covered topics such as complaints, staffing, nutrition and cleanliness. There was a copy of the most recent survey available to people in the entrance hall. Feedback was positive and included comments such as 'My relative is very happy and well looked after' and 'The staff are friendly and helpful'. There were no actions arising from the survey.

There was a manager in post. The home had recently appointed a new manager who was responsible for the day to day operation of the home. They were in the process of applying to become the registered manager of The Orangery. Staff told us their managers were approachable and they could raise concerns and were confident any issues would be addressed appropriately.

The provider had systems in place to monitor the quality of the service. This included audits that were carried out periodically throughout the year. Areas covered included falls, the safe management of medicines, health and safety and infection control. The audits identified actions required for improvements and the outcomes of these actions. Team meetings were held where staff could discuss working practices and make suggestions for improvements. The operations manager told us that they would meet with the home manager every two weeks to discuss service delivery and to promote professional working practices.

We asked staff about Whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All staff said they would feel confident raising any concerns with the manager. A nurse said they would feel comfortable raising concerns with more senior management if they felt their concerns had been ignored by the manager.

The operations manager attended the local nursing care forum which met two to three times a year. This gave them the opportunity to meet with other providers to share best practice and discuss different topics relating to service delivery such as safeguarding.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff Staff did not always receive effective induction and supervision. Records we reviewed for staff supervision meetings identified areas of improvement in their working practices. Where objectives had been set, no actions had been identified as to what would be put in place to address these areas of improvement, such as training or mentoring. Where dates had been set to review these improvements, these were not until nine or twelve months later. This meant that if staff had not improved their working practices, this would not be identified until some-time after the initial meeting.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services Planning of care was not always done in such a way to meet people's individual needs and ensure the safety and welfare of people. Some care plans were difficult to read and had not been updated as required. This meant that up to date information about people's care and support was not always available. Whilst staff were addressing people's personal care needs well, limited focus was given to engagement or stimulation. This meant that some people remained seated in the same position for lengthy periods, either unoccupied or sleeping.