

Orchard Homes Private Limited

Orchard Lea

Inspection report

Orchard Way
Cullompton
EX15 1EJ

Tel: 07912123799

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Orchard Lea is a care home registered to provide nursing and personal care for up to 19 people, some of which were living with dementia and/or a physical disability. The premises comprise of a two-storey building with a passenger lift to access the second floor. At the time of the inspection, 19 people were living at the service. Although the service is registered to provide nursing care, due to a shortage of registered nurses, nursing care was not provided at the time of the inspection.

People's experience of using this service and what we found
People living at the service, and their relatives, shared positive comments and experiences of the service with us. They told us the service was safe and staff were particularly praised for their kind and considerate approach. However, we found improvements were required.

Although there were quality assurance systems in place, including audits and checks, the registered provider did not always consistently assess, monitor and improve the quality and safety of the services provided. They had not identified the shortfalls we found at this inspection. For example, issues relating to staff training; safe water temperatures and personal evacuation plans.

The registered provider had failed to notify the Care Quality Commission (CQC) of reportable events. This meant we could not check that appropriate action had been taken to ensure people were safe.

The service had experienced staffing difficulties with recruitment and sickness absence. However, existing staff or occasional agency were used to cover shortfalls and the provider was advertising for staff. We have made a recommendation in relation to the deployment of staff.

We identified that staff training was needed in some areas. The registered manager sent us additional information following the inspection showing staff training was being addressed.

Whilst action had been taken by the registered provider to make the environment dementia friendly, further improvement could be made. We have recommended the provider review current dementia research and good practice and make changes to create a more dementia friendly environment.

People had limited opportunities to enjoy meaningful and stimulating activities. We have recommended advice and guidance is sought to ensure people have a variety of suitably stimulating and meaningful activities to occupy them.

People were safe as risks associated with their health and support needs had been identified and arrangements were in place to reduce known risks. Staff were aware of their responsibility to safeguard people from abuse or neglect. People told us staff treated them very well and no concerns were raised with us. Professionals met with during the inspection confirmed they had not witnessed any practice which caused concern. People's medicines were safely managed. People were protected from the risk of infection

and the service was clean and generally odour free.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People enjoyed a varied and nutritious diet, and all were complimentary about the quality of food provided. The service worked in partnership with health and social care professionals to ensure people's individual needs were met. Professionals described good working relationships with the registered manager and staff.

Without exception, people and their relatives described a very caring and compassionate staff team. People's independence was promoted, and the service worked with other professionals to achieve this.

People benefited from planned personalised care that valued them as individuals. Staff enabled people to choose what they wanted to do throughout the day.

At the end of their lives people were supported to remain at the service (when this was their wish), in familiar surroundings, supported by their family and staff who knew them well.

People and their relatives knew how to raise a complaint or concern and were confident the service would take appropriate action if they did complain. People's suggestions had been acted upon demonstrating their views were taken seriously.

There was an open culture, led by the registered manager who was described by staff and people as being approachable and supportive. The registered manager was very passionate about delivering a person-centred service and was committed to ensuring improvements were made.

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

Rating at last inspection (and update)

This service was registered with us on 10 October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

We have found evidence that the provider needs to make improvements. Please see the relevant key question sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We found no evidence during this inspection that people had been harmed from the concerns we identified. Please see the relevant sections of this full report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Orchard Lea

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors, and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at notifications received from the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We received feedback from local authority professionals. This information helps support our inspections. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with 10 people who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff including the nominated individual, registered manager, senior care workers, care workers and ancillary staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at additional training data provided by the registered manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The provider was registered with the Care Quality Commission in October 2018 and this is their first inspection and rating at this location.

Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Some environmental risks had not been proactively managed, which presented avoidable risks to people. For example, checks had been implemented to monitor water temperatures. Although hot water temperatures had been recorded above the recommended temperature, action was not taken until we brought it to the attention of the registered manager.
- We were told staff always checked the bath water temperature when supporting a person with a bath. We raised concerns that an unsupported person might run a bath and were at risk of being scalded with very hot water. Action was taken during the inspection to have thermostatic water valves fitted to these baths to ensure the water temperatures did not exceed the recommended temperatures.
- Emergency plans were in place to ensure people were supported in the event of a fire. However, these had not been reviewed or up-dated to include all of the people living at the service. The registered manager took action during the inspection to ensure everybody at the service had an emergency plan and an accurate list of people at the service was put in place.
- Fire safety was on the whole well managed. Weekly fire checks were completed with regular fire drills with staff. A fire risk assessment had been completed and actions were being taken to address identified issues. We found the fire door to the medicine room on the first floor did not fully close. We raised this, and action was taken to ensure it fully closed.
- The provider employed a maintenance person who had implemented monitoring checks. These included wheelchair checks call bell checks and bed rail checks. External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment and lift maintenance. This meant the equipment used was safe and well maintained.
- People said they were happy living at the service and felt safe. Comments included, "I like it here"; "I feel that nothing is too much trouble" and "The girls are wonderful here." Relatives and professionals were also confident that people were safe. One said, "I can go home with no worries about (person's name). I looked at several (care homes) but this was by far the best. We couldn't get any better than here" and "I know the service well. It is very good. It's nice to have the facility here again in the community."
- Appropriate risk assessment tools were completed to identify risk and staff understood where people required support to reduce the risk of avoidable harm. Risk assessments included, nutrition and hydration, choking and skin integrity. Where people were identified at high risk of skin breakdown pressure relieving mattresses were being used.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and neglect. Some staff had received training in relation to

safeguarding adults. They understood their responsibility to report any concerns to the registered manager and were confident action would be taken if they raised a concern. Staff said they had not observed any concerns at the service and knew about external agencies they could report to which included, the local authority safeguarding team.

- Visiting professionals confirmed they had not witnessed any practice within the service that caused them concern. One said, "I've not seen any poor practice... I am very happy with the way the people here are looked after."
- Four safeguarding reports had been shared with the local authority safeguarding team. None required further investigation as the registered manager had identified the risk and taken action to reduce risks. There were no on-going safeguarding concerns about this service at the time of the inspection.

Staffing and recruitment

- The service had experienced staffing issues over the past months due to staff turnover and unplanned absence. This meant the registered manager and existing staff were undertaking extra duties to ensure all shifts were covered with the preferred staffing levels. The situation was improving with the recruitment of new permanent staff.
- On the first day of the inspection there was an unexpected staff shortage due to short notice sickness. The registered manager had arranged for two existing staff to join the shift later in the morning. In the meantime, we saw the registered manager and two staff on duty prioritised people's care and support needs.
- Staff were not rushed during our inspection and acted quickly to support people when requests were made. The atmosphere at the service was busy but pleasant. One person said, "They (staff) always come if I need them."
- People and relatives said there were enough staff to meet people's needs and call bells were answered promptly. One relative told us the registered manager "always rolled up her sleeves and helps." However, some people and relatives mentioned the lack of staff presence in the main sitting room during the day. During our observations, we noted a lack of staff presence and people were unoccupied and mainly sleeping. When staff passed through the sitting room, they greeted people and asked if they needed anything. However, on one occasion, we had to alert staff to one person's needs as there were no staff in the vicinity.

We recommend the provider review the deployment of staff in communal areas to ensure people's needs and requests are met in a timely way.

- Pre-employment checks were undertaken before new staff began working at the service to help ensure staff recruited were suitable and safe to carry out their role. All recruitment files contained the necessary checks, although there was a gap in one staff member's employment history. The registered manager acted to ensure this information was obtained.

Using medicines safely

- Medicines were safely managed apart from cream charts that were not always completed to assure people's creams had been used as prescribed.
- Staff administering medicines had received the necessary training to support their responsibilities in dispensing medicines and had their competency assessed.
- Where people had medicines prescribed as needed, (known as PRN), there were no protocols in place for when and how they should be used, which is good practice. The visiting pharmacist had shared templates to complete these which the registered manager was implementing. We have not been able to test the effectiveness of these and we will review them at our next inspection.

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.
- Staff who administered medicines did so at the prescribed time.
- The pharmacist providing medicines to the service had undertaken a review in December 2018. Where they had identified issues, action had been taken by the registered manager to address these. For example, updating the medicine policy.
- The registered manager undertook medicine audits and acted to follow up any areas for improvement. For example, a letter was sent to staff about ensuring eye drops and ointments needed to have the date of opening recorded on them.

Preventing and controlling infection

- People lived in a home which was clean. There were occasional pockets of malodour which were quickly resolved. Where we identified a toilet, which was not clean this was quickly cleaned.
- There were gloves, aprons around the home for staff to use. We observed staff using the correct protective equipment, such as gloves and aprons when providing personal care. This helped to protect people from the spread of infections

Learning lessons when things go wrong

- Accidents and incidents were recorded, and action taken to minimise risks. Staff recorded accidents and incidents which were then reviewed by the registered manager. Where required, action was taken to reduce the risk of accidents happening again. For example, advice had been sought from the falls team regarding one person who had experienced falls. The registered manager ensured the equipment recommended was in place to a reduce the number of incidents.

Is the service effective?

Our findings

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

The provider was registered with the Care Quality Commission in October 2018 and this is their first inspection and rating at this location.

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Some staff had not received core training to ensure they worked safely with people. This in part had been caused by staff turnover. For example, nine staff had not received safeguarding training; five staff were in need of infection control training; seven staff needed health and safety training and two staff required moving and handling training. Prior to the inspection we had received a concern from a professional in relation to poor moving and handling practice by staff.
- Moving and handling training had been planned for 22 October 2019. Following the inspection, the registered manager sent us an up-dated training matrix. This showed improvements. All but two staff had completed safeguarding training; three staff still needed health and safety training and two staff required infection control training. The registered manager confirmed training would be completed within four weeks of the inspection.
- Although we found shortfalls in staff training, this did not impact on the care provided to people at the service. People, relatives and visiting professionals said staff demonstrated the skills, ability and right approach to be able to meet people's needs. One person said, "I never say anything; they just know what I need." A relative said, "Staff are well trained...they are all very good." Visiting professionals also expressed confidence in the staff team. One explained, "Staff are well trained and competent."
- Newly appointed staff were supported with the provider's induction process. This included completion of a checklist; core training and the shadowing of experienced staff. Staff new to care work were supported to complete the Care Certificate. However, the registered manager explained this had fallen behind due to the constraints on her time. She was keen to re-establish this. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of care staff.
- Staff said they felt very supported by the registered manager and could approach her if they had any concerns. They received regular supervision, which enabled conversations about their performance and training needs.

Adapting service, design, decoration to meet people's needs

- This was a newly registered service set up in an ex local authority purpose-built care service, set over two floors. The main communal areas were on the ground floor but there was a lounge with a kitchenette area on the first floor for people to use. Not all bedrooms were in use due to their size, these were locked. The nominated individual explained they planned to increase room sizes to increase the overall capacity at the service.

- Whilst action had been taken by the registered provider to make the environment dementia friendly, further improvement could be made. The main lounge was a large, bright open plan area with chairs around the perimeter. The layout was not homely and appeared to reduce the personal interaction for people with capacity. The registered manager explained they had tried to create smaller, cosier seating areas around the room, but people were not keen. However, by the second day of the inspection the room lay out had been changed to provide smaller, more interactive seating areas and people were happy with this.

- Some equipment was stored in corner of the lounge, which was not homely.

We recommend you review the environment against current dementia research and good practice and make changes to make the environment more dementia friendly

- Many people at the service were living with dementia. There was some signage around the premises to guide people to bathroom, toilets and communal areas. Bathrooms and toilet had brightly painted doors to help people recognised them.
- Adapted bathrooms and wet rooms included hand rails and adjustable baths to meet people's care needs.
- Peoples rooms were personalised with items of furniture, soft toys and ornaments. One person had their own fridge which was stocked with food and drink.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual health and support needs were assessed before they moved to the service.
- Assessments were comprehensive, and nationally recognised assessment tools were used in line with guidance and best practice, such as assessments for the risk of pressure ulcers or malnutrition.
- People's individual care and support needs were regularly reviewed and updated. This meant people received the right care and support.

Supporting people to eat and drink enough to maintain a balanced diet

- People were positive about the food available. Comments included, "There's plenty of food"; "It's always hot and tasty" and "The food is very good - I have put weight on since coming here." A relative said, "The food is amazing..."
- People were offered a varied and nutritious diet, with choices and alternatives, to ensure their preferences and nutritional needs were met. It was one person's birthday during the inspection. Although fish and chips were the main dish of the day, the person had requested a roast dinner, their favourite meal. The cook was more than happy to oblige.
- The food served looked appetising and people enjoyed their mealtime, which was unhurried and sociable. People who required a special diet were catered for and staff assisted people individually where needed.
- People were offered regular refreshments throughout the day.
- People were regularly weighed and in the event of weight loss action was taken to implement nutritional supplements.

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

- People were supported to maintain good health and were referred to appropriate health professionals as required. One relative described the "great improvement" to their loved one's health and wellbeing since

they moved to the service.

- Referrals were made promptly to external professionals and people's care plans were updated as required. Three visiting health professionals described a good working relationship with the service. Comments included, "Staff are very professional and confident, and people seem happy here" and "They (staff) are using their initiative. They took exactly the right action last night with (person's name). We have no concerns about staff's practice." Health professionals confirmed referrals were appropriate and their recommendations were always followed. One added, "Staff are friendly and welcoming; always prepared to help us. They work as a team with us."
- Care records showed that people had access to, podiatry, older people's mental health team, optician, tissue viability service, CPN and physiotherapist
- The registered manager explained it was a challenge to find a domiciliary dentist in the area. People who were able to visit the dentist were supported to do so. The registered manager said she would continue to look for a dental service that would visit people at the service when necessary.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments were completed appropriately. For example, where consent was required to support a person using a sensor mat (to alert staff when they were mobile in their room), a mental capacity assessment and best interest decisions had been made in consultation with the appropriate people involved.
- The registered manager understood their responsibilities in relation to DoLS. Where required DoLS applications had been submitted for people having their liberties restricted.
- Where people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. For example, one person wanted to use the stairs. Staff had arranged for a physiotherapist to assess the person using the stairs and had followed their guidance.
- We observed staff offer choices to people throughout the day and involved them in decisions about their care. One person said, "They don't take over..." Another said, "I like to be left alone sometimes and they understand."
- Where relatives had power of attorney for the legal authority to make decisions, a copy of their power of attorney was held within care records to advise staff and ensure people's rights were protected.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect and people; their relatives and professionals spoke positively of the staff team. Comments included, "Yes they are very kind; makes me feel confident"; "They are like family, which is especially nice as mine is a long way away" and "Staff are very nice. We get on very well. I have made friends here and we all chat."
- Staff were observed engaging with people with kindness, patience and understanding. They were attentive, caring and there were lots of positive interactions with people. For example, one person was celebrating their birthday, staff were very attentive to the person and made them feel special.
- We saw several good-humoured interactions and one person told us, "We have a good laugh here." A relative said, "It is very good here; it was our first choice for (person's name)." Another said, "I feel Mums spirits are lifted by chats with the staff." One relative explained their relative had invited them to lunch, they added, "This just shows that she considers this to be her home now. She is settled and happy."
- We saw examples of how staff were sensitive to people's diverse needs. For example, adapting their approach depending on the person they were supporting. One relative said, "I don't know how they (staff) do it. (Person's name) can be very difficult but they are so good."
- One person told us how staff supported them to enjoy their hobby outside of the service. They said, "When I used to go to bridge club they would give me a packed lunch to take."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make decisions about their day to day care and routines where possible. For example, one person told us they preferred to spend time in their room and we saw this was respected by staff. Two people liked to spend time together in the small lounge in the afternoon and they were supported to do this.
- Staff were observed asking people for their consent before any care was delivered. For example, taking a person to the toilet.
- Staff knew people's individual likes and dislikes and demonstrated they wanted people to be cared for as they would want a relative of theirs cared for.

Respecting and promoting people's privacy, dignity and independence

- People were supported with their independence and moved freely around the home, where able to do so. Where necessary, referrals had been made to other professionals to ensure people's independence and safe mobility was promoted. Staff ensured people had the necessary equipment with them to keep them safe; for example, their walking frames. Staff were attentive. We heard staff reminding people, saying, "Don't forget to use your frame" and "Be careful...take your time, there's no rush."

- We discussed with the registered manager that one person was using the lift to get to their room and due to key coded doors could not easily access their room. The registered manager was looking for ways to address this.
- People who remained in their rooms were regularly checked. Where they required repositioning, because they were at risk of skin damage, this was completed.
- People were treated with dignity and respect and their privacy was supported by staff. Staff offered people assistance in a discreet and dignified manner. People said staff respected their needs and wishes and their privacy and dignity. Staff knocked on people's doors before entering their rooms.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some activities to occupy and interest people were provided, however, activities were not always person centred and records showed people were not offered regular meaningful activities. The registered manager recognised improvements were needed. There was a plan to develop staff's skills to undertake daily activities as well as recruiting an activities co-ordinator.
- The service had made contact with a local nursery school, who visited to sing with people living at the service. We observed a session and saw the positive response from people, who took great delight in having the children around them.

We recommend the service seek advice and guidance on developing meaningful activities, especially for people living with dementia.

- People were supported to maintain relationships with people that mattered to them. One person told us, "My friend can visit me anytime." Relatives visited freely people throughout the inspection. Relatives said they were always welcome at the service. They were offered refreshments and could spend as much time as they wanted with their relatives in their rooms, lounge or dining room.
- Relatives were supported to stay overnight at the service if they needed to.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People benefited from personalised care that valued them as individuals. Staff enabled people to choose what they wanted to do. For example, when to go to bed, when to get up and go and have a cigarette. One person explained, "They understand me and my little ways"; another said, "I get all the help I need here. The staff are excellent and work hard to make sure we are happy."
- People's needs were assessed before they began to use the service and were reviewed monthly or sooner if there was a concern. Their support was planned in partnership with them and their families in a way that suited them.
- Staff had developed strong relationships with people and understood the importance of getting to know them, so they could provide care and support in their preferred way.,
- Care records were comprehensive and contained, risk assessments, likes and dislikes, medical history and medicine details. This meant staff had detailed information about each person to be able to deliver their preferred care and support.
- Staff communicated well. They received a handover before each shift to ensure they were aware of any changes and regularly interacted throughout the day to share information.

End of life care and support

- At the end of their lives people were supported to remain at the service (when this was their wish), in familiar surroundings, supported by their family and staff who knew them well.
- People's wishes regarding their end of their life care were discussed with them when they felt able to talk about this sensitive subject.
- Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.
- One person was receiving end of life care at the time of our inspection. Their relative praised the home and the care and support given both to their loved one and to them. They told us how staff had supported and enabled a family member to stay overnight.
- We observed that staff regularly spent time with the person, making them comfortable and managing their personal care needs.
- The staff had worked with health professionals and had appropriate medicines available for people nearing the end of their life, to manage their pain and promote their dignity. One health professional said, "The end of life care here is spot on." They went on to describe how staff ensured people received regular care and comfort and how staff ensured pressure ulcer risks were avoided. They added, "They (staff) are happy to work with us and we feel comfortable working here."

Meeting people's communication needs

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

- People's communication needs had been assessed and details of any specific needs were recorded. For example, information about the use of glasses and hearing aids, which enhanced communication, was recorded.
- The registered manager confirmed they could provide information in other formats should it be required.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. People and their relatives knew how to raise a complaint or concern and were confident the service would take appropriate action if they did complain. One relative said, "We have no complaints, if we did we would speak with (the registered manager). She would sort anything." Another explained they had spoken with the registered manager about minor concerns and "these were dealt with immediately".
- No formal complaints had been received directly by the registered manager since the service was registered. Where a complaint had been raised with the Care Quality Commission, this had been referred to the provider to investigate. The concerns had been openly shared with the staff team; a thorough investigation had been undertaken and the complaint was fully responded to.
- Where people had made suggestions or comments about possible improvements, these had been recorded and acted upon. For example, one person suggested a fruit bowl in the communal area would be nice; this was provided and refreshed regularly.
- The service had received several compliments and thank you cards. The general theme was staff kindness and approach. For example, "Lovely home, very good helpful, polite staff..." and "Very pleasant staff; very accommodating."

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Although there were systems in place to check the quality and safety of the service, these had not always been effective. The registered provider did not always consistently assess, monitor and improve the quality and safety of the services provided. The provider had not identified some of the issues we found during the inspection, for example issues relating to staff training; safe water temperatures and personal evacuation plans.
- The nominated individual conducted monitoring visits the service every four or five weeks. However, there was no written record of the visits and areas in need of improvement were not identified. This meant there was a lack of management oversight of the service.
- The registered manager undertook shifts and filled in when there were staff shortages. During the summer and leading up to the inspection this had happened regularly, and the registered manager had needed to prioritise care provision. This meant they had been unable to focus on the development of the service and ensure improvements were on-going.
- We discussed with the nominated individual that this was not sustainable. We also discussed the risks to the ongoing running of the service if the registered manager was absent. The nominated individual recognised the risk and said they would review the management structure at the home, with a view of appointing a deputy manager. Currently the registered manager was supported day to day by senior care staff and an administrator.

The registered provider failed to consistently assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services registered with Care Quality Commission (CQC) are required to notify us of significant events, or other incidents that happen in the service, without delay. During the inspection we found the registered person had not always notified CQC of reportable events. This meant we could not check that appropriate action had been taken to ensure people were safe. We discussed this with the registered manager and asked them to submit a notification retrospectively. The registered manager did this promptly following inspection.

The registered person failed to notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Other checks and audits had been completed by the registered manager and senior staff for example the management of medicines. Where improvements were identified, they had been or were being addressed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives described good communication with the service and confirmed they were informed of any incidents or accidents. One relative said, "We are always contacted promptly if there are any concerns about (person). We feel we can trust (the registered manager) and staff. We would recommend this home. The care has been excellent for (person's name)". Another relative said they had been fully involved during a safeguarding investigation following a fall by their relative. They added, "immediate action was taken by (the registered manager). They explained exactly what happened and how they would make sure it didn't happen again. We have confidence in them."
- Accidents, incidents and concerns were recorded, reviewed and acted upon to ensure the service acted in a transparent way.
- The registered manager and provider were receptive to our feedback during the inspection. They had taken responsive action to address issues raised during the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an open culture, led by the registered manager who was described by staff and people as being approachable and supportive. The registered manager was very passionate about delivering a person-centred service and was committed to ensuring improvements were made.
- Positive comments were made regarding the overall service and how staff worked together to provide person-centred care. One person said, "The manager is very nice; you can talk to her." Another said, "I'm sure they (management) would change anything if we wanted." People confirmed staff listened to them and that they could raise any concerns without worrying. One person said, "You can speak with (the registered manager) at any time. We trust her; she listens..."
- Relatives and professionals were equally positive about the ethos at the service. A relative explained, "This is the right place for (person's name). We are very happy she is here. The care is wonderful, and she is thriving." A professional said, "The registered manager is very focused and forthright and doesn't mince her words. She has been in management for some time and she gets things done."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had opportunities to share their views of the service and make suggestions about what they felt could be done better. The provider used satisfaction surveys to obtain people's views as well as occasional meetings.
- The results from the last satisfaction survey completed in May 2019 showed people were happy with the care and support provided. At that time, there had been concerns about staffing levels. Staffing levels had improved since May. Other areas scored highly, for example, people thought the service was well organised; clean; the food was excellent; staff were kind and considerate and communication was good. Comments included, "Your service is tops"; "My husband has dementia and the staff are very good with him" and "Most staff are excellent..."
- People's suggestions had been acted upon demonstrating their views were taken seriously. For example, people had requested some favourite treats for supper time, for example, some people requested prawn cocktail, which had been added to the menu.
- Staff were able to share feedback during regular supervision meetings and staff meetings. The registered manager operated an 'open-door' policy and staff could speak with them about any ideas or concerns

whenever they wanted to.

Working in partnership with others

- The staff team worked in partnership with health and social care professionals to promote people's health and wellbeing. Positive feedback was received from professionals during the inspection. They described a service that was committed to supporting people in a person-centred way; they confirmed referrals to them were always appropriate and that any recommendations made by them were followed by staff.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person failed to notify the Care Quality Commission of reportable incidents.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person failed to consistently assess, monitor and improve the quality and safety of the service provided.