Four Seasons Health Care (England) Limited

Orchard Court Care Home

Inspection report

Inspection report
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Date of inspection visit: 19 November 2015
Date of publication: 08/01/2016

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

This inspection was unannounced and took place on 19 November 2015. The inspection was carried out by two inspectors. The previous inspection of the home was held in July 2014 were the home was compliant.

Orchard Court is registered to provide accommodation with nursing and personal care for up to 44 people. At the time of the inspection there were 28 people living at the home. People had a range of complex nursing care and support needs. The home was purpose built and the accommodation was arranged over one level. The home is situated in a quiet residential area and has ample parking space.

The service had a registered manager, however the registered manager was unavailable on the day of the inspection. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On the day of the inspection the home was being managed by the deputy manager who was being supported by a regional manager. The regional manager informed us they were based at the home, so would continue to oversee the home in the absence of the registered manager.

People and their relatives told us they were happy with the care received at Orchard Court. One person told us, "The staff are warm, friendly and lovely." A health professional involved in the home informed us relatives had told them how happy they were with the support their relative were receiving.

Although people and relatives said they felt safe we found areas that require improvements. We found the provider was not always following local safeguarding protocols. For example on the day of the inspection an accusation of possible physical abuse was reported to the regional manager. This was not reported to the local safeguarding team until we prompted the following day.

Although all bedrooms were fitted with call bells to enable people to call staff when they required help or support these were out of reach of people. One person, who was calling out for staff, informed us "sometimes they come or we just have to wait, I shout but they [staff] don't hear us very often". This meant people were at risk of not being able to summon help in the event of an emergency. We asked a member of the management team why call bells were out of reach for people, they were unable to give an answer but assured us call bells would be moved near to people. People's call bells were moved near to them throughout the rest of the inspection.

People's needs were set out in individual care plans. Care staff had access to the care plans which were kept in the nurse's office. We observed staff completing daily records for people they had supported. People and relatives told us they were involved in the care planning process. The care plans were reviewed and updated by the nurses on a regular basis. Care plans identified people's health issues with guidance for the correct support.

The service had appropriate systems in place to ensure medicines were administered and stored correctly and securely, however these systems were not always followed correctly. The provider's policies and procedures were not always followed by all staff, for example the provider was investigating a concern at the time of the inspection regarding poor practice in medicine auditing.

People were supported by sufficient numbers of staff during the day of the inspection. The deputy manager informed us they were trying to recruit new staff and were currently using agency staff. Staff told us of times when there had been staff shortages, and it was hard working with agency staff as they did not know people who lived at the home.

Recruitment procedures were in place and staff underwent pre-employment checks before starting work with the service. New members of staff received an induction which included shadowing experienced staff before working independently. Staff we spoke with had a clear understanding of what might constitute abuse and how to report it.

Staff received training to understand their roles and responsibilities to ensure the care and support provided to people was safe. However some staff needed further training to develop their skills in understanding and reading English. We addressed this concern with the regional manager.

The home did not appear clean and tidy, there was an unpleasant odour throughout the home. A visitor informed us "the cleaners seem to work hard but the place always looks and smells. It needs a good clean, it needs new carpets and curtains". The regional manager informed us, one of the future plans for the home was a refurbishment programme of corridors and upgrade to the communal lounges.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

The service was not fully safe

People were not always able to summond support when they needed help.

People were supported by staff who were not always following procedures to recognise and report abuse.

People's medicines were safely administered by staff who had received specific training to carry out this task.

Is the service effective?

Requires improvement

The service was not fully effective

People did not receive care from staff who were fully supported through supervision or appraisals.

Where people lacked the mental capacity to consent to aspects of their care or treatment, the service acted in line with current legislation and guidance to ensure their rights were protected.

People's healthcare needs were assessed and they were supported to have regular access to health care services.

People received a diet in line with their nutritional needs; staff were aware of these guidelines and followed them.

Is the service caring?

Requires improvement

The service was not fully caring.

Although people were treated with kindness, people's needs were not always responded to in a timely manner.

People and their relatives spoke positively about staff and the care they received. We observed that staff were caring in their contact with people.

People were encouraged and supported to maintain family relationships.

Is the service responsive?

Requires improvement

The service was not fully responsive

People's social needs were not always met. Although there was a programme of regular activities in the home some people were not encouraged to be involved.

People's care plans described the support they needed to manage their day today health needs.

People were aware of how to complain and who to complain to. There were complaints procedures in place.

Summary of findings

Is the service well-led?

The service was not well-led.

People were supported by staff who did not feel able to express their views.

The provider did not have effective quality assurance systems that ensured people received a safe service that responded fully to their individual needs.

People and their relatives told us staff were approachable and they were generally complimentary about the service.

Requires improvement

Orchard Court Care 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 was planned to check 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 inspection took place on 19 November 2015 and was unannounced. The inspection was completed by two inspectors.

Before the inspection we reviewed the information we held about the service including previous inspection reports and other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We requested this information during our inspection.

During the inspection we spoke with nineteen people who use the service, eight visitors about their views on the quality of the care and support being provided. We also spoke with a regional manager, the deputy manager, nine care staff, two nurses, a chef, and activity coordinator. We looked at six staff files as well as records about the management of the service. Following the inspection we spoke with five health care professionals to gain their views on the care and support provided by the service.

Some people were unable to tell us their experiences of living at the home because they were living with dementia and were unable to communicate their thoughts. We spent time observing the way staff interacted with people and looked at the records relating to care and decision making for seven people.

Requires improvement

Is the service safe?

Our findings

Although people and their relatives said they felt safe, we found the provider was not always following local safeguarding protocols. For example, on the day of the inspection an accusation of possible physical abuse was reported to the regional manager. The next day we found this had not been reported to the local safeguarding team by the provider until after we promoted them, and informed them we had already informed the local authority. Despite staff informing us they would be able to recognise signs of abuse they had not recorded the markings on a person's body over a period of a few weeks, which could have indicated signs of abuse. The regional manager informed us their reporting systems had failed due to staff being wrongly instructed in their recording of incidents. They informed us they were planning a full training programme for all staff in reporting incidents.

People did not always receive the support they requested and some people were unable to summon assistance when they required it. We heard people calling out for staff to support them but these calls were not always responded to. Although all bedrooms were fitted with call bells to enable people to call staff when they required help or support, these were out of reach of people.

We heard and observed one person calling to be moved from their bed. Staff were walking past the person's room without stopping to assist or reassure the person. We observed members of the senior and management team also ignoring the person's call for support. We asked a nurse why staff were not helping the person. We were informed it was part of the person behaviours and if they moved them they would then call out to be moved back. We looked in the person care plan and found no evidence that would suggest the person's call for support should be ignored. Another person was calling out for staff, they informed us that staff did not always come as they were too busy. A third person told us the worse thing was waiting to use the toilet, they said "the staff are alright but they disappear, it feels like I have to wait for over an hour to go to the toilet".

This is a breach of regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Overall the home was maintained to a good standard and equipped to meet the needs of people living there.

However there were areas that were not meeting standards of hygiene appropriate for the purposes for which they are being used, for example. The home did not appear clean and tidy and there was an offensive smell throughout the home. A visitor told us "there is something missing in the cleaning department. I keep noticing things like wet marks on the ceiling, cobwebs on the inside of the window that have been there for long periods." Another family member later showed us what appeared to be a faecal stain on the carpet saying "there was one there last week but they cleaned that up." A second visitor informed us "the cleaners do their best but the place could do with good clean, curtains and carpets need to be cleaned".

People were not living in a visibly clean environment that was free from odours that were offensive or unpleasant. We spoke to cleaners who informed us they had clear housekeeping schedules and had enough time in the day to clean. One cleaner informed us "we work all day throughout the week, I also do the laundry". Another cleaner did not understand or read English well, the second cleaner advised us they helped this person to understand their role as they had the same main language.

This is a breach of regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems were in place whereby nurses checked controlled medicines on a weekly basis. We were informed this system had failed. It was discovered by visiting pharmaceutical services several weeks earlier to the inspection that a controlled medicine had been given to someone who it had not been prescribed for, due to insufficient stock being held by the provider. The provider was holding an internal investigation into this practice which had taken place in April 2015. Although the borrowed medicine had been signed for by the person administering the medicine, this had not been noted on the homes weekly medicine checks.

During the inspection we observed part of a medicine round and spoke with administering staff about the training they had received. We noted the staff member dispensing medicines wore a red 'do not disturb medicine round' vest in an effort to ensure focus, concentration and lack of interruptions. Medicine storage, room and fridge temperatures had been recorded and were up to date to make sure medicines were stored at the correct temperatures.

Requires improvement

Is the service safe?

People's allergies had been recorded on the front sheet of individual's medicine records. Alongside this, swallowing risk assessments had been completed and recorded in the person's care plans. Staff administering medicines explained or reminded people why they had been prescribed certain medicines. In each person's room there was a jug of water and appropriate glass or feeding cup with easy grip handles to ensure people had drinks available to take their medicines.

Care plans provided information on people's medicines, and in some cases why covert medicines were being used. We saw evidence in the person care plan of a letter from a person's general practitioner (GP) explaining why it was important that the person be given certain medicines covertly, and the risks to their health if this did not happen in this way. We observed in people's care plans, consent forms, and identity photographs.

Risk assessments had been completed in care records covering areas such as, skin tissue damage, mobility, falls and nutrition and fluids. The risks had been identified and mitigating actions recorded and monitored. One relative told us they were aware of these assessments and were kept up to date with any changes. They explained "there have been a few issues with staffing, but I have always felt [person's name] is safe". My [person's name] has had several falls since moving here, but they have put risk assessments in place and they [staff] do all they can to help keep them safe. My [person's name] is independent so there is only so much they can do to stop them falling". We observed these risk assessments in people's care plans.

A recruitment procedure was in place to ensure people were supported by staff with the appropriate experience and character. We looked at staff files to ensure the appropriate checks had been carried out before staff members were able to support people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

We were informed there had been a high level of staff sickness and agency and bank staff had been used at weekends and night shifts. Handovers were held twice a day at shift changes. We looked at three weeks' worth of rotas and noted an average of seven care staff, two trained nurses and a deputy manager available on most days. Staff informed us "staffing levels are up and down there has been a lot of agency staff lately". Another informed us "it has been more relaxed lately the deputy manager is very approachable".

We observed some staff were unable to speak the English language clearly, and one cleaner was unable to read the cleaning guidance appropriately. A professional involved in the home explained "some staff struggle with language which makes it difficult for us to consult with them. Another professional informed us "there seems to be a large turnover of staff, things don't seem so good with staff morale at the moment". A staff member informed us "Staffing levels have got better but we are still busy, it would be lovely to sit and have a chat with people but we don't get the time." Another member of staff informed us "Some days it is hard once there were only three regular members of staff on with agency staff, it difficult as they don't know our residents.

We were informed in the event of an emergency requiring people evacuation there was a reciprocal arrangement with one of the sister homes. We observed detailed plans of the building for emergency service use.

Requires improvement

Is the service effective?

Our findings

We received mixed messages from care staff about the level of supervisions they received. One member of staff informed us, "I can't remember when I last had supervision but have had them in the past". Another member of staff informed us" I would ask one of the nurses if I wanted supervision". We were informed supervisions had recently taken place The provider's supervision policy states all staff will have supervision at various times which will be documented and held within their staffing files. We informed the deputy manager and regional manager that we were unable to locate any supervision in staff files. They were unable to locate any supervision or appraisal records at the time of the inspection although the deputy manager informed us supervision had been done. Staff need to receive appropriate ongoing or periodic supervision and appraisal of their performance, to ensure they have the skills and competence within their roles. It is also an opportunity to discuss their development and training needs.

There was no recorded evidence of staff meetings for the year 2015. Staff meeting are an opportunity for staff to speak up and raise any issues or concerns. We spoke with staff members who could not recall when their last staff meeting took place. Staff raised concerns with us regarding bullying and harassment from a member of the management team. One member of staff informed us 'it has been awful here lately it has been an awful atmosphere to work in". Another member of staff informed us "people should leave their bad moods at home when they come to work". We could find no evidence of any meetings where these issues had been addressed.

We observed staff asking people's consent before providing personal care and support during the inspection. Staff seemed knowledgeable about the people they were supporting. A member of staff informed us "I recently did some training where I was raised in a hoist, I am now very aware of what that feels like for people I am supporting with a hoist. I always make sure they feel secure when I am supporting them with personal care or hoisting them I tell them what is happening". We observed staff supporting people with moving and handling effectively keeping them informed of what was going to happen next.

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people. Staff described their induction as; "Good" and they felt it prepared them for the role.

We were given a copy of the providers training matrix, this showed that staff had completed a variety of training including Mental Capacity Act (MCA) Safeguarding and Deprivation of Liberty (DoLs). We saw records which showed distance learning for staff around the Mental Capacity Act. One member of staff informed us "my MCA training has helped me to understand how to help people, for example when I am helping someone with personal care, if they are upset I will leave for a while and give them space. I respect people's decisions". Another member of staff told us "We listen to people and respect their choices, If it became a problem I would talk about it at handover with the nurse. I love my job and helping people, but I would like more training." A member of the nursing team told us "a person needs to feel safe and secure; we guide people in supporting them to make decisions which we think will be best for them. 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.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLs). The DoLs provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. 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. 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 were being met. The regional manager confirmed DoLs applications had been sent for the majority of people using the service. Capacity assessments were seen in care plans alongside best interest checks.

Lunchtime was unrushed and relaxed with gentle music playing in the background. Staff members were allocated

to people who needed additional support. Two choices of hot food were offered, people were seen to be generally happy with the food being served. We saw people interacting with staff and each other. One person told us. "I'm not the easiest person to get on with, they look after me fine, the foods not too bad, I'm quite happy here, and I can make choices to a point". Another person told us "I have enough to eat and drink; the staff are not too bad thank you not much of a choice of food but enough". A family member informed us they were unsure how their relative was being supported at meal times, due to health issues. We observed the person being supported on a one to one basis and encouraged to eat their meal appropriately."

We observed a number of people having lunch in their bedrooms. People in their rooms were supported to eat and drink whilst meals were still hot. Dignity was maintained by the use of napkins or frontal bibs so that clothes were not covered in food when people attempted to feed themselves. Staff were friendly and supportive and were effective in encouraging people to eat their meals. However we did see people struggling to eat some food as they did not have the appropriate plate guards or specialised cutlery. These aids could support people in maintaining their independence and prevent food spillage onto garments.

The chef informed us, communication between the care and catering staff was very good. We observed lists of people with special diets and people who presented a choking risk. We saw that people who presented a choking risk had been assessed by speech and language therapists and dieticians and received meals appropriate to meet their needs.

We spoke with a number of health professionals involved in the home. Local health care professionals who provided feedback said they visited the home regularly and discussed some concerns with the nursing within the home. For example one health professional informed us. "We are contacted nearly every day by the home, this generates a lot of work for us. We have found some nurses are very good but others seem to struggle with English language. We have noted that the home seems to have a high turnover of staff, this makes it difficult for staff to get to know our patients and understand them". Another health professionals informed us "the staff were very good but seemed busy". Another professional was happy with the level of support offered by the home, however they said some time the staff team say they will do something and it does not get done. For example a person wanted a picture put up on their wall. It was still waiting to be hung up.

We observed one person's care plan indicated staff were concerned at a possible eye infection, the person's general practitioner was contacted and a prescription for eye ointment obtained. We saw that this ointment had been applied. This demonstrated that staff sought appropriate treatment from outside professionals and promptly implemented prescribed treatment effectively. A visiting health care professional informed us they had a lot of people that have complex dietary needs in the home, they advised that normally their instructions are followed.

Requires improvement

Is the service caring?

Our findings

People and their relatives told us the staff were kind and caring and treated them with respect. We observed some kind, caring and considerate interactions however we also observed some interactions that were not caring. For example one person informed us "I would suggest the worst thing is the toilet, the staff are alright but they are liable to disappear, I would not have a lot of confidence that something would be dealt with." We spoke with another person who was calling out for staff and supported them to call for support. The response from staff was quick, however the person had been calling out for a period of time without their calls being answered their call bell was not in reach.

Another person was complaining they were cold, staff supported the person to find warmer clothes. The person informed us staff always put tights on that were not warm enough and they had complained a number of times. The staff member working with the person explained to they were the only tights the person had but they would ring their family member to bring some warmer clothes in for them. We informed the deputy manager that people were saying their rooms were cold.

We saw staff knocked on residents doors prior to entering and that people were treated with kindness, respect and dignity. Although staff were busy most of them displayed a friendly kind and caring approach towards people in the home. For example staff knelt down to be on the same level as people in their chairs or sat on a stool next to them when they wished to speak to them.

One relative informed us "the staff are very cheerful, caring and helpful both night and day. If you choose the right time to phone they will tell me what [person's name] has done." Another family member informed us "[person's name] moved here from another home [person name] is much happier here and has put on weight". We find all the staff polite and friendly, we are always welcomed and offered a drink, once we were offered dinner".

Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. We observed brief personal histories of people in each room giving information on people's like and dislikes, interests and favoured routines, this enabled us to open a conversation with the person who had been reluctant to talk with us, who went on to inform us what their experience of living in the home was like. The person informed us "they look after me like my family, couldn't do any better. My family can come in any time I get on with them all". Another person informed us "it's not home but I could not get better, they look after me well". Care plans described people's individual communication needs, decision making capabilities and things they liked or disliked.

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. We observed staff supporting people who wished to walk around the building in a gentle way with lots of communication. People and their relatives told us visitors could visit at any time, there were no restrictions and they were made to feel welcome. One relative commented, "we used to be able to just come in but they have changed the key code so we can't come in without waiting for staff to open the door it's such a shame". During our inspection we observed visitors coming to the home throughout the day, there was a visitors signing in book in the reception so the staff knew who was present in the building.

People and their relatives contributed to the assessment and planning of their care. One relative informed us. We choose this home as it was the only one available at the time. We had planned to move [person's name] but they are very settled so we are happy. We did have a review when they moved in, and we have been involved in risk assessments and care planning".

The registered manager informed us that as part of customer satisfaction the provider offered relatives a chance to nominate member of staff to them for a rock (recognition of care and kindness) award. One relative stated that they wished to nominate the complete staff team. We saw on the provider website a member of staff had been nominated for being exceptionally kind and thoughtful.

Requires improvement

Is the service responsive?

Our findings

Care plans were comprehensive and held information relating to people's care needs. Staff members knew how to record and find information in the care plans. One member of staff informed us "we look at them daily and record what people have been doing". We observed the care plans were detailed, they included, life histories medical information and assessments, body maps, risk assessment and guides to what makes the person feel safe and secure. One visitor informed us they had been involved in their relatives care plan. They informed us "they [staff] came to my [person's name] home and did an assessment on what [person's name likes and dislikes and what mattered to them. I am not sure if this was the care plan". We saw this person did have a detailed care plan which included their pre assessment and other information relevant to their care needs.

People's fluid balance charts were completed by night staff. We were informed information regarding people hydration needs were verbally passed over to the nurse in charge at the morning handover, no further checks were carried out during the day shift. We observed in a person's care records they had a urinary tract infection with no record of the person passing urine. We enquired with a nurse why this person's fluid intake was not being checked throughout the day, they were unsure why fluid intakes were not checked again until the night staff came on duty. Fluid amounts were not entered on the individuals care plan so the running totals were not available which would allow the appropriate treatment to be identified and communicated.

An activities co-ordinator was available in the home Monday to Friday. Weekly activity schedules were pinned on a wall near a lounge, giving details of the daily activities for a four week period.

The activity on the day of the inspection was knitting. Although there were a number of people in the room where the activity was taking place only two people were participating in the knitting activity. We observed a number of people sitting alone unstimulated or engaged in any form of meaningful activity. People who were in their rooms also seemed under stimulated. The activity coordinator told us they tried to involve as many people as possible in the activity of the day. Another member of staff informed us "it is better now we have the activities taking place every day". One person told us they were enjoying knitting others told us they did not knit. Another person told us they liked to sit and listen but did not want to be involved in the activity.

The activity coordinator talked of the home's rabbit and how pet care was an activity that people liked. We observed a photographic collage in the hallway with images of people holding the rabbit. In the summer they were able to use the sensory garden. There were a variety of places for people to sit around the garden. There was also a sensory room available for people to sit and relax. We did not see anyone using this room.

Feedback was invited from relatives, visitors and visiting professionals by way of a computer screen situated in the main hallway. We also observed written feedback, comments included. We would like to thank you for all the care and devotion. Care did not just stop with the residents we were also treated with kindness and respect.

Requires improvement

Is the service well-led?

Our findings

The home was not well led. From our conversations with staff and observation of care practices there was a lack of leadership. Although the provider had systems to monitor the quality of the service some of these systems were not working. For example, staff member raised concerns regarding the management of the service. One staff member informed us" the management of the service was very poor". Another staff member informed us. "Staff meetings are held ad-hoc, there is no agenda". Members of staff complained of feeling bullied and intimidated by a member of the management team. Staff informed us they had raised concerns with the provider they complained they were not listened to for a long period of time. Staff morale was seen to be low, which had the potential to make it an unhappy environment for people to live in. Other staff informed us that although there had been issues with staff members that had caused "a bad atmosphere" it had improved in recent weeks.

We were informed that grievances had been raised regarding the leadership of the home. One staff member informed us "we were not being listened to and didn't know where to go for help and support. We finally got support from another registered manager from one of our other homes. They told us how to raise concerns and what support we should expect to get. We had a visit from an area manager but have not heard anything else. We don't know what is going on or when the manager will be back".

The provider was failing to follow their policy and procedures regarding employment of staff, for example. A number of staff raised concerns about people being employed who were related to members of the management team. We were informed by a number of staff about divisions in the team due to this employment. We observed the providers policy stated that family members may be employed at the same workplace, however the same family member should not normally work under direct authority of another family member.

Some staff were unable to converse in English without the support of fellow employees. The provider's policy states. Although English may not be an employee first language, whilst on duty staff must only converse in English. We tried to speak with a staff member and were informed by their colleague that they needed support to understand, we observed both staff members conversing in their main language to gain an understanding of our questions. Health professional discussed concerns consulting with staff members who did not have English as their first language. One health professional informed us that communication when they were trying to consult on behalf of the person they were representing could be "difficult" due to numerous language barriers.

Whilst the staffing structure was clear, improvements were needed in the supervision and support provided to staff. The providers policy for staff receiving supervision states in order to monitor the quality of the service and as part of staff development staff will receive a two way supervision at various times of the year. The information we received did not demonstrate suitable arrangements had been made to ensure that all staff received supervision with a senior member of staff. There were no planned dates for staff which would enable them to plan their supervisions. This meant that there were no systems in place to monitor the skills, competencies and performance of staff.

The provider's quality assurance system included regular monthly audits of key aspects of the service. Audits included medicines, nutrition and hydration, wound management, and the environment. However these audits and quality monitoring systems failed to identify the issues we found.

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

Systems were in place to make sure people had access to safe equipment. We observed regular monthly checks on lifting equipment and hoists used in the home. We saw evidence of an external service inspection on all hoists used in the home dated June 2015. Staff members told us that pressure mattresses and pressure mats were checked daily. We saw evidence in the bathroom areas that water temperatures had been recorded prior to bathing residents.

The regional manager informed us the overall vision for Orchard Court is "improving the lives of the residents and communities we serve by consistently delivering special resident experiences". The provider is planning to do this by integrating the community with a memory café and for the home to offer day care services. Plans are in place to

Requires improvement

Is the service well-led?

increase the activity programme by recruiting an additional co-ordinator, which is hoped, will offer a wider variety of activities which will focus on grouping people who may have similar interests.

The future plan for the home was to continue with the redecoration/refurbishment programme of corridors and then upgrade to communal lounges. All staff were to receive training in the new dementia model which includes person centred care, meaningful activates, life stories and communications. Three staff have been nominated to commence the new Four Seasons Health Care CHAPS (Care Home Assistant Practitioner) programme in 2016. We were informed by the regional manager, it was hoped by joining the programme staff enrolled on the course would gain additional skills which would help them feel more confident in their roles and enable them to provide effective, high quality care, as well as gaining higher job satisfaction.

The home also plans to commence the Gold Standard Framework. (GSF) in 2016. The Gold Standard Framework provides a comprehensive training and quality assurance system to enable care homes to provide quality care for people nearing the end of their life.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **Robust procedures and process were not put in place to make sure people were protected. Local safeguarding policy and procedures were not followed. Regulation 13 (2)(3)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Systems were not in place to assess monitor and improve the quality and safety of the service provided. Regulation 17 (1)(2)(a)(f)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **Systems and checks were not in place to monitor the cleanliness of the environment. Regulation 15 (1) (a)**